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ABSTRACT

This document presents witness testimonies and prepared statements from the Senate hearing on youth violence, strategies for its prevention, and the appropriate role of the federal government. The hearing stresses the need for a comprehensive, multidisciplinary approach for youth violence prevention strategies and more coordination by the federal government. Opening statements are included by Senators Glenn and Akaka. Witnesses providing testimony include: (1) Louis Stokes, Representative from Ohio; (2) Gregory McDonald, U.S. General Accounting Office; (3) Carol Beck, high school principal; (4) Marc Wilkins, Police Chief's Youth Task Force, Washington, D.C.; (5) Curtis Artis, Police Chief's Youth Task Force, Washington, D.C.; (6) Leonard Eron, University of Illinois at Chicago and American Psychological Association on Violence and Youth; (7) Adele Harrell, The Urban Institute, Washikngton, D.C.; (8) Donald Schwarz, University of Pennsylvania School of Medicine and The Children's Hospital of Philadelphia, Pennsylvania; (9) Deborah Prothrow-Stith, Harvard University; (10) Gail Breakey, Hawaii Family Stress Center; (11) Ray Miller, Ohio House of Representatives and Ohio Commission on Minority Health; (12) Ronald Slaby, Education Development Center, Newton, Massachusetts and Harvard University; and (13) Renee Wilson-Brewer, Education Development Center, Newton, Massachusetts. Prepared statements of the witnesses; a prepared statement of Chukwudi Onwuachi-Saunders, Centers for Disease Control; relevant articles from the "New York Times"; and charts submitted from the Centers for Disease Control are appended. (NB)

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# YOUTH VIOLENCE PREVENTION

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ED 364 792

# HEARING

BEFORE THE

# COMMITTEE ON GOVERNMENTAL AFFAIRS UNITED STATES SENATE

ONE HUNDRED SECOND CONGRESS

SECOND SESSION

MARCH 31, 1992

Printed for the use of the Committee on Governmental Affairs

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# YOUTH VIOLENCE PREVENTION

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TUESDAY, MARCH 31, 1992

U.S. Senate,
Committee on Governmental Affairs,
*Washington, DC.*

The Committee met, pursuant to notice, at 9:37 a.m., in room SD-342, Dirksen Senate Office Building, Hon. John Glenn, Chairman of the Committee, presiding.

Present: Senators Glenn and Akaka.

## OPENING STATEMENT OF SENATOR GLENN

Chairman **Glenn**. The hearing will be in order.

Before we start our hearing this morning, I was handed a note that said we have a delegation of members of the Navajo Nation Tribal Council who are in Washington observing our hearing today. They are particularly interested in the function of the Federal Government and the separation of powers. I understand they are in the back of the room. Would you just stand up a moment? Thank you. Glad to have you with us today. Thank you very much.

We need only to pick up a newspaper or magazine in any city in our country to understand that violence has reached epidemic proportions. We have some of these blow-ups around the room. *Newsweek* a couple weeks ago ran a story, "Kids and Guns," a whole report on what is going on in our schools.

The *Washington Post* this morning ran a Herblock cartoon, which some of you may have seen. It says, "Let's see. Where could we begin to improve our schools?" At the same time, there is all sorts of shooting and violence going on in the schoolyard.

The *New York Times* last weekend published articles on: "Collapse of Inner-City Families Creates America's New Orphans," [1] and "Death, Drugs, Jail Leave Carnage at Oakland, California." "Guns as Plentiful as Fear for New York Youths," and another one, "When Kids Molest Kids." A whole series of these kinds of articles out of the *Cleveland Plain Dealer*, papers in Ohio, the *Washington Post, New York Times, Cincinnati Inquirer*, and others from around the country, all of which indicate that we have a very major problem on our hands.

This morning, the Governmental Affairs Committee will examine youth violence and focus upon strategies for prevention and exploring the appropriate role for the Federal Government. This Committee has a particular responsibility in this area. We oversee, among our other functions, the efficiencies and the organization of Government and whether they are operating properly and whether they are coordinating properly.

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[1] Article referred to appears on page 181.

We have some seven departments of Government and 17 separate agencies that deal with delinquency and at-risk youth, and there are some 260 programs spread across the length and breadth of Government that deal with these problems. And so we are to look into the overlap, the effectiveness, the waste, the abuse, and into whether every taxpayer dollar is being well spent and effectively used in this particular area.

As the first of its kind, this hearing will stress the need for a comprehensive, multidisciplinary approach for youth violence prevention strategies and more coordination by the Federal Government.

The United States, we are sorry to say, is the most violent "civilized" country in the world. The charts of Dr. Chukwudi Onwuachi-Saunders of the Centers for Disease Control (CDC)[1] have been enlarged for you to see and to help us understand how far ahead—if you want to call it being ahead—of the rest of the world we are in this despicable category of homicide.

When you look at the international comparison figures among males 15 to 24 years of age, the conclusions are astounding. For instance, in France, for that age group, 2 homicides per 100,000; Australia, 3 per 100,000; Norway, 4 per 100,000; Scotland, 5 per 100,000; United States, 22 per 100,000.

Scotland is second at 5 homicides per 100,000 persons, as I read, so the United States is 4½ times more violent than the country in second place.

The breakdown within the figures for African Americans just blows your mind. It is over 85 homicides per 100,000 persons for young people in that age group. A tragic loss of life, 85 homicides per 100,000 persons.

According to the Department of Justice and the CDC, the following facts exist:

Young males aged 15 to 34 are the most likely to die as a result of homicide.

In this country, while all young males are at risk, African-American males aged 15 to 24 are at highest risk. Tragically, these men, are in fact, at a higher risk to die of a violent homicide than those who served during the war in the Persian Gulf.

Non-homicidal violent crime, such as aggravated assault, simple assault, and rape, is most likely to be committed by people under 25. These people are also the most likely victims of these crimes.

Firearms are the weapons of choice for most violent acts. From 1984 through 1987, 80.1 percent of all youth homicides were committed with firearms. Among young black males, according to CDC, there has been a dramatic 54 percent increase in homicides, with 99 percent of the increase due to firearms. A serious strategy on the reduction of youth violence must address firearms on the streets.

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[1] Charts appear on pages 185–189.

Random violence captures our fear and media attention. It knows no limits. Even two employees of the U.S. Senate right here on Capitol Hill have been struck down in recent years. First was an employee of the superintendent's office, and recently an aide to Senator Shelby was killed. Also, recently the wife of one of my Senate colleagues was dragged from in front of her home at gunpoint by an assailant while her husband was told that she would be killed if he moved to help. The common bond of senseless, unprovoked violence shares an air of sameness with deaths in Columbus, Cleveland, Detroit, New York, Los Angeles, and other communities all across the country.

Individuals who commit criminal acts should be apprehended, prosecuted and punished to the fullest extent of the law. Yet the United States already incarcerates more of its citizens than all other countries. So punishment alone will not stop the dramatic increase in violence that is all so prevalent today.

A few weeks ago, national attention was focused on Thomas Jefferson High School in Brooklyn, New York, where a 15-year-old student killed two of his former friends. Principal Carol Beck, one of our witnesses today, can easily paint a picture of this neighborhood on the East Side of New York as a poverty-stricken, predominantly African-American and Hispanic community. True as that picture would be, it would not be unique.

Another portrait is illustrated in my home State of Ohio. Recently a 12-year-old youth critically wounded a classmate in the cafeteria of Hamilton Township Middle School, a predominantly white, middle-class suburban area near Columbus.

These two distinct and different portraits remind us that the escalation of youth violence is not just an urban problem or a minority problem; it is an American problem.

Some of our schools are now being referred to as "killing grounds." Certain urban communities are described as "war zones." If urban war zones exist in America, then we need to dust off that same coordinated, comprehensive, swift and sure response we used in Desert Storm and use it to reclaim our communities.

Children are at risk in every single community of this Nation. According to the current *Kids Count Data Book* of the Center for the Study of Social Policy, teen violent death, teen pregnancy, and children in poverty have increased significantly. The people who live in these communities, especially the children, are becoming desensitized to what goes on around them. We can no longer continue to avert our gaze, avert our attention, divert our resources from our least affluent citizens.

A short time ago, I saw figures from a 1987 CBS News broadcast republished. There was a poll of teachers who listed the top seven school problems that they faced in 1940, and the same places and teachers were queried again in 1980. That is a 40-year span.

The problems identified by the teachers as being major problems in school in 1940 were as follows: talking out of turn, chewing gum, making noise, running in the halls, cutting in line, dress code infraction, and littering. That is 1940.

In 1980, top problems had become: drug abuse, alcohol abuse, pregnancy, suicide, rape, robbery, and assault. A 40-year period.

This shows that the problems of our children are no longer children's problems, and they need to be treated as such.

With remarkable foresight, Robert Kennedy once said, "We develop the kind of citizens we deserve. If a large number of our children grow up into frustration and poverty, we must expect to pay the price."

Whether frustration and poverty play the only role or whether there are multitudes of other societal factors that also play major roles are something that we must explore and we will examine to some extent today.

But the price is astronomical. According to the GAO, the cost for incarceration of youth was estimated to be $1.7 billion in 1988. According to Dr. Leroy Schwartz, estimates have been given that for every homicide, 100 assaults are reported to the emergency room. More than 25 percent of the Nation's 10,000 to 15,000 spinal cord injuries annually are the result of assaultive violence. The lifetime cost of quadriplegia treatment and rehabilitation has been estimated at approximately $600,000 per patient as an overall increase in lifetime costs. Shifting emphasis to prevention strategies will reduce this, and more importantly, it will save lives. I asked the General Accounting Office to identify Federal Government programs with interventions that could benefit youth.

I understand that youth violence is a very complex problem and that there are multiple factors that interact in various ways that can indicate a likelihood that a person may commit a violent act. One of these factors is single-parent homes—or, as is pointed out in this article from last Sunday's *New York Times*, the collapse of inner-city families and the growth of no-parent homes. In one case over 50 percent of the kids in one Oakland school are living in either foster homes or assigned to, for instance, an aunt. There is no parent living with them at any time. Other factors include persistent poverty, waning influence of the church, foster care, media violence, drug and alcohol abuse, teenage pregnancy, and the influence of gangs.

This is what we will investigate today, and I might say that we will determine later whether we will have additional hearings on this particular subject.

I would like to welcome this morning my good friend, Congressman Lou Stokes, who, as a member of the House Committee on Appropriations, has taken a leadership role in putting violence prevention on the front burner for Federal policymakers. Recently he introduced legislation to create a House Select Committee on Violence.

I am also pleased that Marc Wilkins and Curtis Artis are here to share their firsthand account of what is really happening in our neighborhoods.

We have very qualified experts and witnesses who can shed light on these complex issues, and we look forward to hearing from each of them. I will introduce each panel as they come to the witness table.

Dr. Martin Luther King, Jr., in speaking of the riots and violence that erupted in the 1960's, once said, "We still have a choice today: nonviolent coexistence or violent coannihilation. This may well be mankind's last chance to choose between chaos and community."

So today, once again, we will determine whether we invest in our youth and choose community over chaos. I look forward to the testimony of all of our witnesses today.

### PREPARED STATEMENT OF SENATOR GLENN

The Senate Governmental Affairs Committee will come to order. Good morning. We need only to pick up a newspaper or magazine in any city in our country to understand that violence has reached epidemic proportions.

This morning, the Governmental Affairs Committee will examine youth violence, focusing upon strategies for prevention and exploring the appropriate role for the Federal Government. As the first of its kind, this hearing will stress the need for a comprehensive multi-disciplinary approach for youth violence prevention strategies and more coordination by the Federal Government.

The United States is the most violent "civilized" country in the world. The charts of Dr. Onwauchi-Saunders of the Centers for Disease Control (CDC) have been enlarged for you to see and to help us understand how far "ahead" of the rest of the world we are in this despicable category of homicide.

When you look at the international comparison figures among males 15–24 years of age, the conclusions are astounding. For instance:

In France, it's 2 homicides per 100,000 persons
In Australia, it's 3 homicides per 100,00 persons
In Norway, it's 4 homicides per 100,000 persons
In Scotland it's 5 homicides per 100,000 persons
In the United States, it's 22 homicides per 100,000

Scotland is second at 5 homicides per 100,000 persons

The United States is four and one-half (4½) times more violent than the country in second place.

The breakdown within the figures for African-Americans just blows your mind—it is over 85 homicides per 100,000 persons.

According to the Department of Justice and the CDC, the following facts exist:

Young males, aged 15 to 34, are the most likely to die as a result of homicide.

In this country, while all young males are at risk, African-American males, aged 15 to 24 are at highest risk. Tragically, these men, in fact, are at more risk to die of a violent homicide than those who served during the war in the Persian Gulf.

Non-homicidal violent crime, such as aggravated assault, simple assault, and rape, is most likely to be committed by people under 25. These people are also the most likely victims of these crimes.

Firearms are the weapons of choice for most violent acts. From 1984–1987, 80.1 percent of all youth homicides were committed with firearms. Among young black males, according to CDC, there has been a dramatic, 54 percent increase in homicides; with 99 percent of the increase due to firearms. A serious strategy on the reduction of youth violence must address firearms on the streets.

Random violence captures our fear and media attention. It knows no limits, even two employees of the U.S. Senate have been struck down in recent years. The first was an employee of the superintendent's office, and recently, an aide to Senator Shelby was killed. Also recently, the wife of one of my Senate colleagues was dragged from her home at gunpoint by an assailant, while her husband was told that she would be killed if he moved to help. The common bond of senseless, unprovoked violence shares an air of sameness with deaths in Columbus, Cleveland, Detroit, New York, Los Angeles and other communities.

Individuals who commit criminal acts should be apprehended, prosecuted and punished to the fullest extent of the law. Yet, the United States already incarcerates more of its citizens than all other countries. Punishment alone will not stop the dramatic increase in violence that is prevalent today.

A few weeks ago, national attention was focused on Thomas Jefferson High School in Brooklyn, New York, where a 15-year-old student killed two of his former friends. Principal Carol Beck, one of our witnesses today, can easily paint a picture of this neighborhood on the east side of New York City as a poverty-stricken, predominantly African-American community. True as that picture would be, it would not be unique.

Another portrait is illustrated in my home state of Ohio. Recently, a 12-year-old youth critically wounded a classmate in the cafeteria of Hamilton Township Middle School, a predominantly white, middle class suburban area near Columbus.

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Some of our schools are referred to as "killing grounds." Certain urban communities are described as "war zones." If urban "war zones" exist in America, then we need to dust off that same coordinated, comprehensive, swift and sure response we used in "Desert Storm"; and use it to reclaim our communities.

Children are at risk in every single community of this nation. According to the current kids count data book of the Center for the Study of Social Policy, teen violent death, teen pregnancy, and children in poverty have increased significantly. The people who live in these communities—especially the children—are becoming desensitized to what goes on around them. We can no longer continue to avert our attention and divert our resources from our least-affluent citizens.

In 1987, CBS news broadcast the top seven public school problems from 1940 and 1980. The problems identified by the teachers in 1940 were: (1) Talk out of turn, (2) Chewing gum, (3) Making noise, (4) Running in halls, (5) Cutting in line, (6) Dress code infraction, and (7) Littering.

In 1980, the top problems had become: (1) Drug abuse, (2) Alcohol abuse, (3) Pregnancy, (4) Suicide, (5) Rape, (6) Robbery, and (7) Assault.

This shows that the problems of our children are no longer children's problems and they need to be treated as such.

With remarkable foresight, Robert Kennedy once said: "We develop the kind of citizens we deserve. If a large number of our children grow up into frustration and poverty, we must expect to pay the price."

And the price is astronomical. According to the GAO, the cost for incarceration of youth was estimated to be $1.7 billion in 1988. And according to Dr. Leroy L. Schwartz, estimates have been given that for every homicide, 100 assaults are reported to the emergency room. More than 25 percent of the Nation's 10,000 to 15,000 spinal cord injuries annually, are the result of assaultive violence. The lifetime cost of quadriplegia treatment and rehabilitation has been estimated at approximately $600,000 per patient. Shifting emphasis to prevention strategies will reduce this cost, and more importantly, it will save lives. I asked the General Accounting Office to identify Federal Government programs with interventions that could benefit youth.

I understand that youth violence is a complex problem and that there are multiple factors that interact in various ways that can indicate a likelihood that a person may commit a violent act. These multiple factors include, but are not limited to: single parent homes, persistent poverty, waning influence of the church, foster care, media violence, drug and alcohol abuse, teenage pregnancy, and the influence of gangs.

And most interpersonal violence per the Centers for Disease Control, occurs between an aggressor and a victim who are both likely to be: of the same race, known to each other, familiar with family or neighborhood violence, depressed, drug and/or alcohol users. And poor. We will investigate these factors today.

I would like to welcome my good friend, Congressman Louis Stokes, who as a member of the House Committee on Appropriations, has taken a leadership role in putting violence prevention on the front burner for Federal policymakers. Recently, he introduced legislation to create a House Select Committee on Violence.

I am also pleased that Marc Wilkins and Curtis Artis are here to share their first-hand account of what is really happening in our neighborhoods.

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Today, once again, we will determine whether we invest in our youth and choose community over chaos. I look forward to your testimony on this most important issue.

Chairman GLENN. Lou, I am particularly glad to welcome you to our hearing this morning. I know of your personal interest in this and your work over in the House. We look forward to your testimony.

## TESTIMONY OF HON. LOUIS STOKES, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Congressman STOKES. Thank you very much, Mr. Chairman.

At the outset, let me say while I have the honor of being your lead-off witness, as I sat down at the table I recognized seated immediately behind me persons who will be testifying this morning, probably some of the top experts in the country. I am particularly pleased to see State Representative Ray T. Miller, a close friend of both you and myself, who is one of the most knowledgeable legislators in the country on matters of violence. Cheryl Boyce is here with him, who is the executive director of the Ohio Office of Minority Health. She, too, is a leading expert in this area.

Then I noticed Dean Deborah Prothrow-Stith, who is a dean at Harvard, who has just written a book that is accepted as being the Bible in terms of violence prevention in the United States today.

Then also I caught a glimpse of Dr. Onwauchi-Saunders, who is the articulate spokesperson from the Centers for Disease Control.

So you have certainly arranged a panoply of top experts who will be coming before this Committee this morning, and I congratulate you for that.

I want to thank you, Mr. Chairman, for inviting me to testify today regarding the issue of violence and the need to address this issue at the Federal level. I am pleased to also know of your interest and the major role that you are playing in addressing this issue in the Senate. To a large degree, I will be redundant because you have done such an excellent job this morning of outlining for all of us the problem which we are to address.

All indicators suggests, without equivocation, that violence in the United States has reached epidemic proportions. It is an issue which affects all Americans and permeates every aspect of American life, affecting our families, school, hospitals, prisons, courtrooms, and churches like no other issue. The time has come for Congress to provide expanded leadership in addressing this issue.

In response to this crisis, I have introduced legislation, H. Res. 390, to establish a House Select Committee to conduct a continuing oversight and review of the problems associated with all types of violence. The Committee also will be able to encourage the development of public and private programs supporting prevention and treatment strategies. Further, the bill I have introduced encourages the development of policies that would encourage the coordination of both governmental and private programs designed to reduce violence.

Mr. Chairman, just a couple of months ago, funeral services were held here in the Capitol for a 25-year-old Hill staffer, Tom Barnes, who was shot in the head near his Capitol Hill home. The young man had left his home to go get a cup of coffee at a nearby grocery store. He never made it. Initial reports indicated that the shooting was an act of random violence. More recent reports indicate that he was a victim of a hold-up attempt. No matter what the precipitating factor, most agree that the death of this young man, who was a legislative assistant to Senator Richard Shelby, was both senseless and untimely.

In one sense, his death serves as a reminder of the violence, the assaults, rapes, and homicides taking place right here on Capitol Hill. In a broader sense, though, it is a reflection of the type of violence that is tearing our country apart. Like those who mourn the loss of Tom Barnes, thousands of parents, siblings, and others across the Nation are attempting to come to grips with the insanity of violence as they mourn the untimely violent deaths of their loved ones.

In recent years, the increases in violent crimes in this country have set world records. In 1990, the Federal Bureau of Investigation reports that violent crime—murder, rape, robbery, and assault—increased by 10 percent, setting the record for the bloodiest year in our Nation's history. The record murder toll for 1990 left more than 23,200 Americans killed. Records were also set for rape, robbery, and assault. All told, a record total of nearly 2 million Americans were the victims of violent crime this past year.

In terms of homicide, in 1990 no nation had a higher murder rate than ours. Moreover, no other nation was even close. The United States murder rate quadrupled Europe's, more than doubled that of Northern Ireland, was 11 times higher than that of Japan, was 9 times that of England, Egypt, and Greece, and was over four times that of Italy.

Data compiled by the Federal Bureau of Investigation reveals that teens are bearing the brunt of the Nation's murder epidemic. The murder rate among young adults is rising more than 5 times faster than for the population in general. In fact, between 1985 and 1990, the risk of murder among 15- to 19-year-olds rose by 103 percent. For the total population, it rose by only 19 percent.

Overall, the homicide rate for all males ages 15 to 34 in the United States ranges from 17 to 283 times higher than the rate for young males in other industrialized countries. For young African-American and Hispanic males, the disproportionate rate of violence-related deaths is even more pronounced. According to the Centers for Disease Control, for young African-American males between the ages of 15 to 32, homicide is the leading cause of death. In fact, it accounts for 42 percent of all African-American male deaths. For young African-American females, the CDC reports that homicide accounted for 26 percent of all deaths. Homicide is the leading cause of death for both African-American males and females ages 15 to 25 years of age.

The Centers for Disease Control recently testified before a House Committee on which I sit, Mr. Chairman, that compared to homicide rates for the industrialized nations, the homicide rates for young black males don't even fit on the charts.

In light of these trends, violence is now considered to be one of this Nation's leading health problems. It is for all of these reasons that I have introduced the legislation on the House side.

It is time for Congress to exhibit the leadership and commitment needed to put an end to this epidemic. Many of us know someone who has been the victim, and in some instances a perpetrator, of a violent attack. It is clear that incarceration of offenders and the bandaging and burial of victims are ineffective antidotes for this epidemic. Our courts, jails, emergency rooms, school rooms, and family assistance programs are all feeling the pressure of this swelling epidemic. The very future of our Nation depends on how we address this issue of violence. In its simplest and most complex terms, it is truly a matter of life and death.

Again, I thank you, Mr. Chairman, for the opportunity to address this critical issue. I would be pleased to answer any questions you or the Committee might have.

Chairman Glenn. Thank you, Congressman Stokes. I appreciate your being here very much. We have so many witnesses this morning, I think we will forego questioning of you and get on to some of the panels. We may have some follow-up questions to submit to you for response and include in the record, if that would be satisfactory with you.

Congressman Stokes. I would be pleased to do.

Chairman Glenn. We very much appreciate your being here this morning. Thank you.

Congressman Stokes. Thank you very much.

### Prepared Statement of Congressman Stokes

Mr. Chairman, I would like to thank you for inviting me to testify today regarding the issue of violence and the need to address this issue at the Federal level. I am pleased to know of your interest and the major role you are playing in addressing this issue in the Senate. As you know, this is an issue with which I have actively addressed in the House.

All indicators suggest, without equivocation, that violence in the United States has reached epidemic proportions. It is an issue which affects all Americans and permeates every aspect of American life, affecting our families, schools, hospitals, prisons, courtrooms, and churches like no other issue. The time has come for Congress to provide expanded leadership in addressing this crisis.

In response to this crisis, I have introduced legislation, H. Res. 390, to establish a House Select Committee to conduct a continuing oversight and review of the problems associated with all types of violence. The committee also will be able to encourage the development of public and private programs supporting prevention and treatment strategies. Further, the bill encourages the development of policies that would encourage the coordination of both governmental and private programs designed to reduce violence.

Mr. Chairman, just a couple of months ago, funeral services were held here in the Capitol for a 25-year-old hill staffer, Tom Barnes, who was shot in the head near his Capitol Hill home. The young man had left his home to go get a cup of coffee at a nearby grocery store. He never made it. Initial reports indicated that the shooting was an act of random violence. More recent reports indicate that he was a victim of a hold-up attempt. No matter what the precipitating factor, most agree that the death of this young man, who was a Legislative Assistant to Senator Richard Shelby, was both senseless and untimely.

In one sense, his death serves as a reminder of the violence, the assaults, rapes, and homicides taking place right here on Capitol Hill. In a broader sense, it is a reflection of the type of violence that is tearing this country apart. Like those who mourn the loss of Tom Barnes, thousands of parents, siblings, and others across the Nation are attempting to come to grips with the insanity of violence as they mourn the untimely violent deaths of their loved ones.

In recent years, the increases in violent crime in this country have set world records. In 1990, the Federal Bureau of Investigation reports that violent crime—murder, rape, robbery, and assault—increased by 10 percent, setting the record for the bloodiest year in our nation's history. The record murder toll for 1990 left more than 23,200 Americans killed. Records also were set for rape, robbery, and assault. all told, a record total of nearly two million Americans were the victims of a violent crime last year.

In terms of homicide, in 1990, no nation had a higher murder rate than ours. Moreover, no other nation was even close. The U.S., murder rate quadrupled Europe's, more than doubled that of Northern Ireland, was 11 times higher than that of Japan, was nine times that of England, Egypt and Greece, and was over four times that of Italy.

Data compiled by the Federal Bureau of Investigation reals that teens are bearing the brunt of the Nation's murder epidemic. The murder rate among young adults is rising more than five times faster than for the population in general. In fact, between 1985 and 1990, the risk of murder among 15 to 19 year olds rose by 103 percent. For the total population, it rose by only 19 percent.

Overall, the homicide rate for all males ages 15 to 34 in the United States ranges from 17 to 283 times higher than the rate for young males in other industrialized countries. For young African-American and Hispanic males, the disproportionate rate of violence-related deaths is even more pronounced. According to the Centers for Disease Control, young African American males between the ages of 15 to 32, homicide is the leading cause of death. In fact, it accounts for 42 percent of all African American male deaths. For young African American females, the CDC reports that, homicide accounted for 26 percent of all deaths. Homicide is the leading cause of death for both African American males and females 15 to 25 years of age.

In light of these trends, violence is now considered to be one of this nation's leading health problems. It is for all of these reasons that I have introduced legislation to create a select committee on violence.

It is time for Congress to exhibit the leadership and commitment needed to put an end to this epidemic. Many of us know someone who has been the victim, and in some instances a perpetrator, of a violent attack. It is clear that incarceration of offenders, and the bandaging and burial of victims are ineffective antidotes for this epidemic. Our courts, jails, emergency rooms, school rooms and family assistance programs are all feeling the pressure of this swelling epidemic. The very future of our nation depends on how we address the issue of violence. In its simplest, and most complex terms, it truly is a matter of life and death.

Again, I thank you for the opportunity to address this critical issue and I would be pleased to answer any questions you or the Committee might have.

Chairman GLENN. Our next witness is Gregory J. McDonald, Director, Human Services Policy and Management Issues, U.S. General Accounting Office. Mr. McDonald has been overseeing some of these areas for some time. We asked him on a rather short-time basis to put together some of his thoughts on this, and he agreed to do so and cooperated with us fully on this. We appreciate that very much. We are looking forward to a longer report in the future on this because it is something that is not going to go away suddenly. We know that, so we are going to be having more work done on this. You will undoubtedly be leading that effort at GAO. We look forward to your statement his morning.

If you would identify your colleague for the record, we would appreciate it.

## TESTIMONY OF GREGORY J. McDONALD,[1] DIRECTOR, HUMAN SERVICES POLICY AND MANAGEMENT ISSUES, U.S. GENERAL ACCOUNTING OFFICE, ACCOMPANIED BY SHEILA AVRUCH, SENIOR EVALUATOR

Mr. McDONALD. Thank you, Mr. Chairman. I am accompanied this morning by Ms. Sheila Avruch, who has been responsible for much of our work in this area over the last several months.

Mr. Chairman, I am pleased to be here this morning. I am prepared to keep my remarks relatively brief, and I will ask that my prepared text be entered in the record.

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[1] The prepared statement of Mr. McDonald appears on page 67.

Chairman GLENN. As with all the statements this morning, they will be included in the record. We have asked witnesses to submit statements, and hopefully abridge them a little bit so we can have as much time for discussion and questioning as possible. All statements will be included in the record.

Mr. McDONALD. Thank you, Mr. Chairman.

Mr. Chairman, youth violence is a seriously and costly problem in the United States. As you will hear today, the violence of the young is often turned on other young people, too often with tragic results. Let me review, as the witnesses before me have done, just a few of some of the grim statistics.

The arrest rate for youth under 18 for murder, forcible rape, robbery, and aggravated assault increased over 150 percent between 1965 and 1989, growing most rapidly in recent years.

Youths aged 16 to 19 have the highest rates of victimization for rape, robbery, and assault. Most victims are of their own age group, and access to guns has increased the lethality of this violence.

As you have already pointed out, Mr. Chairman, homicide is the second leading cause of death among young people aged 15 to 24. It is the leading cause of death for young African Americans.

Finally, the Department of Justice reports that holding youth in custody cost U.S. taxpayers $1.7 billion in 1988. At an average annual per-person cost of $29,600, youth custody was more expensive than sending a child to Harvard, Yale, or Princeton for a year.

No single statistic gives a complete picture of youth violence, and no single measure can predict which children are most likely to become violent adolescents. But research has shown that children who later commit violent acts tend to exhibit multiple characteristics indicating their risk. They are more like to come from dysfunctional families and often show early-warning signs. It is these characteristics that help us target prevention programs.

Some of the effective prevention strategies we have seen start early, virtually from birth for high-risk families. They address multiple risks for later violence, recognizing that the problems a child or family faces cannot be treated in isolation.

Promising preventive strategies we identified either arranged for or provided services to deal with the range of problems faced by at-risk children and their families.

The first strategy I would like to briefly highlight this morning is home visiting, a program to deliver preventive health, social support, or educational services directly to pre-school-aged children and families in their homes. Hawaii's Healthy Start, which you will hear more about later this morning, is one such program.

Evaluations have shown that early interventions using home visiting can reduce later delinquency and violent behavior. One of the most often-quoted examples is the Perry Preschool in Ypsilanti, Michigan, providing home visiting to low-income black children and their families. A rigorous evaluation of this project showed that by age 19, 40 percent fewer of the Perry children had been arrested than among a comparable control group. Perry graduates were also less likely to engage in violence, had lower numbers of arrests for serious crime, and their offense rates for violent behaviors were generally half that of the control group against which they were measured.

But this tells only part of the story. Perry also resulted in better school achievement, fewer youth on welfare, and more going on to higher education or employment. As a result of the savings from reduced crime and welfare and increased employment, evaluators estimated that the program returned \$3 to \$6 for every \$1 invested in it.

The second strategy I would like to highlight is using the schools to deliver services. Schools serve as a contact point for almost all children. Teachers see them on a daily basis and may be among the first to recognize that a particular child needs help. Services provided in the school, if appropriate and targeted correctly, may interrupt a cycle of behavior that could lead to crime.

One example of a school used as a center for health and social services is Ensley High School in Birmingham, Alabama. Ensley's Extra Help Services Clinic provides a variety of health and social services. Students who wish to use the clinic fill out a confidential health history form that includes, among others, questions about a student's use of violence as a way to handle problems.

The clinic provides physical exams and health screenings, individual and group counseling sessions, in-class education, and community services. Some class lessons specifically focus on alternatives to violence and teach students techniques for defusing anger and managing stress.

Let me close by focusing briefly on the role of the Federal Government. The Department of Justice has the statutory responsibility to lead Federal delinquency and youth violence prevention efforts.

The Coordinating Council on Juvenile Justice and Delinquency Prevention, headed by the Attorney General, is the coordinating body for all such Federal programs. It recently identified over 260 Federal programs from 17 agencies in seven departments that in some way served the needs of delinquent or at-risk youth.

Our analysis of the information provided by Justice showed that these programs spent approximately \$4.2 billion in 1989, the most recent year data were collected. Most of this money supported services to reduce general risks that youth face, in particular through things like job training.

Programs targeted to treating delinquents or to directly preventing criminal acts accounted for a total of \$760 million; 82 percent of this money went to combat alcohol and drug abuse. Our analysis found that only 4 percent, or \$28 million in Federal funding, specifically targeted violence. About half of this was for HHS's youth gang prevention program.

The Office of Juvenile Justice and Delinquency Prevention has had youth violence and gangs as priorities for discretionary grant funding for several years. However, their discretionary funding is quite limited. Preventing violence or its consequences also appears as a discretionary funding priority in several HHS programs, but, again, total funding is limited.

The Coordinating Council does not have a strategic plan to address youth violence. We believe this is a problem. The Council needs to maximize the leverage from very limited Federal resources and should consider developing a set of coordinated strategies to focus Federal efforts.

Mr. Chairman, I focus this morning on early intervention because we believe it has an important role to play in reducing future violence. However, youth violence represents a serious problem now. In addition to putting effort into early intervention, the Federal Government, in partnership with State and local governments and the private and non-profit sectors, needs to pursue an overall strategy to stem the violence among our youth.

This concludes my prepared statement, Mr. Chairman. As I said, I am accompanied by Ms. Avruch, and she and I would be pleased to respond to any questions that you or other members of the Committee may have.

Chairman GLENN. Thank you very much. I do have a few questions.

Did you look into how early intervention should occur? It seems to me that we get to this problem too late. We get to it after the wreck. We wait until people are in their teen years when they are already well set in their ways. How early should these intervention programs be applied so they can be effective?

Mr. MCDONALD. Mr. Chairman, some of the programs that we looked at that have been evaluated as being very effective start very early, even before birth. Some of the programs for the earliest interventions dealing with identifying families at risk, committing child abuse, which then leads to later complications, start prenatal. There are screenings that are conducted with mothers in the hospital at the time they deliver. And a number of early interventions take place with infants and families in their homes or in a preschool setting or in the early childhood years. So I think it is safe to say that early intervention can really start either at or before birth.

Chairman GLENN. Is it all home-based, or how does this break down between the family-based and the school-based programs? And what seems to be the most effective? Do you have a view on that?

Mr. MCDONALD. I don't know that there is a way to say that any one intervention or one prevention strategy is the most effective. There are a number of interventions that have worked that have been positively identified. Some of them are home-based in terms of the home visiting, which we have emphasized here this morning, or school-based. Generally, obviously, the school-based interventions will come as children are older, in the elementary and junior high school age groups.

There are center-based activities within communities and a variety of different alternatives for community-based interventions as well.

Chairman GLENN. From your testimony, the Justice Department takes the lead in this for the Federal Government in coordinating all these different programs, some 250 or 260 different programs; is that correct?

Mr. MCDONALD. Yes. Ever since the passage of the Juvenile Justice and Delinquency Prevention Act of 1974, they have had the lead-agency responsibility.

Chairman **Glenn**. Have they been as sensitive to getting into this early intervention as you think they should? The reason I ask is because obviously the Justice Department has a predisposition toward using law enforcement and arrest and prosecution through the regular criminal justice procedure in dealing with these situations. Are they the right agency to head up something like this?

Mr. **McDonald**. I think the question of whether they are the right agency is a policy question for you and the Members of the Congress.

Chairman **Glenn**. I need your guidance.

Mr. **McDonald**. The Department of Justice has not put the money into prevention that the other agencies in the Federal Government have. The Department of Health and Human Services, the Department of Housing and Urban Development, the Department of Labor, and the other major departments have more funding that is directly related to delinquency prevention or violence prevention, and also more of the ancillary funds that are going into things like drug and alcohol abuse treatment.

Chairman **Glenn**. How do we have 260 different programs that are coordinated by Justice? They certainly don't have meetings with representatives of all 260 programs. How do they coordinate this?

Mr. **McDonald**. I think the major vehicle is the Coordinating Council for Juvenile Justice and Delinquency Prevention. It is a council that is nominally headed by the Attorney General. The working meetings obviously occur at lower levels among the Federal agencies, seven key departments, the 17 agencies that we cited.

Those 260 programs, the number may be somewhat misleading. It appears high. There are a lot of those programs that are dealing with the risk factors—and there are many of them—that affect youth and that may have some effect on violence. The largest expenditure in that area goes into job training, vocational education out of the Labor Department, most notably the Job Training Partnership Act. So to say that Justice is coordinating those programs may give somewhat of a false impression. They are coordinating Federal efforts that relate to juvenile justice and delinquency prevention, and they are charged with ensuring the avoiding of duplication and overlap, with information dissemination and technical assistance to State and local governments, things of that sort in terms of keeping information straight among the programs.

Chairman **Glenn**. Some of the stories and newspaper reports we have read in preparation for this hearing are correct about some of the things going on. That one out of last Sunday's *New York Times* that I am sure you read, was a frightening story.[1]

Mr. **McDonald**. Yes, it was.

Chairman **Glenn**. It was about the kids that are just moved in and out of foster homes; no-parent homes, is what they are. And some of our schools have half the kids in them in that status. So they really don't belong to anything. They are sort of on their own at very early ages, 1-, 3-, 5-year-old kids, batted back and forth, maybe being taken care of by a relative at one time or another and/or in foster homes. It is just a terrible situation. It is a wonder, I guess, that any of them come out of it at all.

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[1] Article referred to above appears on page 183.

It seems to me that maybe we have to have much earlier intervention than we previously thought. Perhaps this idea of having a foster home has to be something that is more permanent. It has been suggested that we return to the old idea of orphanages or homes where the kids enter on a more permanent basis so they can be dealt with on a more permanent basis. Maybe our numbers are up to where we have to consider something like that. I don't know.

Have you looked into any of those alternatives?

Mr. **McDonald.** We haven't looked specifically at alternatives to traditional family foster care. We have looked a lot at foster care and child abuse prevention. Child abuse removal of the child from the home to prevent further abuse once abuse has occurred is a major contributor to foster care. As you know, Mr. Chairman, we are spending something in the neighborhood of $1.8 billion, Federal dollars each year on foster care.

I might add, coming back to the prevention side again, that we are only spending about $60 million on prevention for child abuse programs in Federal dollars. So, again, you have got an imbalance between what we are paying to treat the consequences of an act versus what we are paying to prevent it in the first place.

But I think there is a mixture of philosophy out there about what kind of foster care settings are most appropriate. The traditional family foster care setting is something that is becoming, as the caseload rises, more difficult for agencies to find. There seems to be more and more of a place for institutionalized care. There are more and more needs for specialized medical and mental health care in foster care. And the advent of the critically ill babies that are being abandoned as a result of the crack cocaine epidemic in our cities and a number of other things are bearing on that.

Chairman **Glenn.** GAO is world class in making estimates of cost effectiveness. Now, this area may be particularly difficult, but have you been able to make any assessments yet of what is most cost effective in this area and what is not?

Mr. **McDonald.** No, I don't think we have any independent assessments of that at this point, Senator.

Chairman **Glenn.** It might be something to consider. I am sure we are going to have requests for additional studies. In fact, I plan to make one to you myself for further work on this. We could get together with you and outline some of the things that we would like to have investigated in this area. I would like to find out what is most cost effective. Obviously we are not going to have unlimited funds, so we want to target things as much as possible where they are going to have the most effect.

Do you have anything to add to what has already been said this morning?

Ms. **Avruch.** I think this really is a complex problem, and, you know, we need to look both at the early intervention part and at the things that can be done now to stop the violence among youth now. But early intervention is a very important part of it, so I am glad——

Chairman **Glenn.** It may be much earlier than we have previously anticipated before, instead of waiting until kids are already in trouble in school or something along those lines. I think it has to start much earlier than that.

Ms. **Avruch**. I think the Perry Preschool is the strongest example of that, where you combine preschool and home visiting support for the family that really made a difference.

Chairman **Glenn**. Thank you very much. We may have additional questions to submit to you for the record. We would appreciate your early reply to those to include in the record. Thank you for being here this morning. We will be talking to you about some of these follow-up studies.

Mr. **McDonald**. Thank you very much.

Chairman **Glenn**. Thank you.

Our next panel this morning is Carol Beck, principal of Thomas Jefferson High School in Brooklyn, New York, the site of two recent highly publicized murders; and locally here from the Washington area, Marc Wilkins, member of the Youth Task Force for the District, and Curtis Artis, also of the Youth Task Force for the District.

Ms. Beck, we would ask that you please lead off first this morning if you would. Please, all of you come up to the table.

Ms. Beck, if you would lead off with your statement, please?

## TESTIMONY OF CAROL A. BECK,[1] PRINCIPAL, THOMAS JEFFERSON HIGH SCHOOL, BROOKLYN, NY

Ms. **Beck**. First of all, good morning, Mr. Chairman. I didn't know I was going to be accompanied by two very fine young men. So instead of reading my remarks, which were printed and I am sure you and your staff have a copy, I would like to just take 5 minutes and explore some preventive strategies, since that seems to be the focus this morning. With my helpers here, maybe we can shed some light on some of the questions that you may have.

Chairman **Glenn**. Good.

Ms. **Beck**. First of all, looking at the wall, I see that we are focusing on two young men who were killed in my building in February, but most people are not aware that that week I lost five children. We were only focusing on those two because they were killed in the school. The same evening, a young man pulled a trigger while talking on the phone and killed himself. But prior to those three incidents, two young men had been killed on Sunday. So in all there were five.

Chairman **Glenn**. Did these involve street fights?

Ms. **Beck**. Street incidents; in one incident I think a car cut off another car. We are talking about issues that certainly do not warrant such deadly force as a response.

I will not talk about statistics because I live this every day.

Some of the answers in response to what I seem to see as this epidemic of violence relates to providing the young men and women with an opportunity to meet each other, bond and identify on different level, as opposed to which housing development you live in, what side of the street you live on, whether you have on Polo clothes or some of the other designer clothes. Possibly they need to be away from the neighborhood in some other kind of setting. So that is why, as we speak, I have 60 children in upstate New York who are on a retreat experience with the Organization of Black Psychologists, Global Kids, New York State Martin Luther King Institute, and quite a few other professionals, not necessarily school professionals that they see every day, but other individuals who specialize in conflict resolution and allowing children to express themselves and helping them break down barriers and develop relationships.

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[1] The prepared statement of Ms. Beck appears on page 88.

In addition, I would like for you as Chairman and some of your colleagues to explore reviving the WPA/CCC employment initiatives that had taken place during the Depression. One of the reasons the young people seem to be engaged in violent behavior is to get money. Whether they are brainwashed by the media is another debate. The issue is they feel they need money, and the types of jobs that in the past they possibly could have obtained are now going to older people who have families and other responsibilities. So they resort to mugging, drug selling, and other types of unacceptable behavior to obtain money.

Since the infrastructure of most of our cities is in decay, it would seem a cost-effective way of not only training the young people but also rebuilding our areas where we live.

In New York City, several of the elected officials have designed a SevenPoint Domestic Peace Plan, and one component part is Youth Build New York, Youth Heal New York, which would employ that type of a strategy.

Another program that I am an advocate of is the dormitory. I read the article that relates to the orphanages. I think I have a problem with that word, especially for children on the high school level. We have a responsibility to do something other than just take care of their bodies. I think that a dormitory in our society means something different in terms of a living-support strategy.

We would have an opportunity to let children learn how to take care of themselves, learn how to be self-sufficient. We don't have those types of supports any longer in our communities because we frequently don't live near the grandparents or the extended family. So if teenagers are living in a dormitory-type setting, and especially since I have 40 identified homeless throw-away children in my school as we speak—known to me—I need to have them some place so they can settle down and be about the business of pursuing the academic program that we all want. But we can't now if every Thursday and Friday we are trying to figure out where we are going to sleep. Will it be an abandoned car, the subway, or will someone's mother let us stay overnight?

With that kind of anger and rage, it is not alarming to me that sometimes someone will push that magic button and cause you to use very poor discretion and do things that are unacceptable.

Also, you mentioned early intervention. Earlier in my professional career, I designed a program called LIFE. This addressed the infants of teenagers. The babies were brought to regular school at 2 months old, from 2 months to 2 years. They were placed in living nurseries or infant centers in the school, and not necessarily for the teenage parents to observe but for all of the students to observe. It alarms me that probably the most important job all of us will have is raising and helping a human being develop that the schools don't address. We train people how to keyboard and to repair cars, but not how to parent. And the LIFE program was a very effective one.

Finally, our sports and athletic programs. The human being needs to feel good about himself or herself, and one way that has always been effective is an athletic program. When you live in the inner city or in a low socioeconomic area, your athletic program is also suffering because your parents do not have the money to support the athletic adventure that you would like to partake in. They can't buy the football equipment and the basketball equipment. So, therefore, the school must do it.

Well, if the school is funded the same way all of the other schools are funded, it means that we are not going to be equal. It means something is going to suffer. And the young men and women who would have had an opportunity, possibly, to have their name in the newspaper as shooting that winning basket or making the winning touchdown or just doing something very exciting for that day, won't have their name there. But they will certainly be there if they pull the trigger and kill one of their classmates or friends.

I probably need to stop, unless you want to ask me questions, so that the young men can speak.

Chairman **GLENN**. That is fascinating. We will ask questions in just a moment.

We have two members of the D.C. Youth Task Force here, Marc Wilkins and Curtis Artis, both of whom grew up in the District and had experience on the streets of the District.

Marc, if you would lead off with some comments, we would appreciate it. Give us a little of your background and your experience, if you would, please, and how you see your work now as part of the task force. Pull that mike up tight to you. They are pretty directional.

## TESTIMONY OF MARC C. WILKINS,[1] MEMBER, EXECUTIVE COMMITTEE, POLICE CHIEF'S YOUTH TASK FORCE, WASHINGTON, DC

Mr. **WILKINS**. I would just like to say good morning, and I hope everybody in here today will listen closely to what I have to say about the violence in order so that we can get a lot more done than is being done.

I just want to go over a couple of things that I have noticed during my life here in Washington and how I think. The violence has affected myself and others that I have known and that I know now.

I think the major problem is no child really asked to be born here; the adults have to take more responsibility than what is being done. We have so many juveniles growing up in a hostile environment, and you have to survive the only way you know how. And if you have grown up in a hostile environment, then your major instinct is to survive the way that you are raised with what surrounds you.

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[1] Biographical of Marc Wilkins appears on page 97.

The city is so violent now, and there are so many kids that are growing up here in the city. They see the violence, and they experience it every day. This is almost the only thing they have to do. Since they don't have parents who can take them on vacations or who have enough money to take them away from the violence, they have to kind of have their fun and do whatever they have to on the streets of Washington.

They have their friends that are selling drugs, their friends that are using drugs. You have neighbors that rob each other constantly. You have mothers and fathers who either can't control their kids or it seems that they don't care about them at all. And you have kids who have to support themselves and their younger brothers and sisters because their parents aren't home to watch out for them.

One thing I have learned is that selling drugs to a lot of kids is a sure way to earn fast money without ever worrying about being hired or fired from any regular job that pays minimum wage. Nowadays, the street model is to do whatever you have to do to survive, to kill somebody, to rob somebody, or just be an outright degrading person in life. Sometimes they think that is the only way they have to be in order to live day by day.

Chairman GLENN. Marc, how much can a kid make hustling drugs out on the street in Washington? What would be an average? Do you have any idea?

Mr. WILKINS. It all depends, I guess, on the person and how much they are willing to sacrifice in order to make enough money, because there is a lot of money out here to be made because of so many drug addicts. Depending on the time that one has and the efforts that they put into it, you can make from as little as probably $1,000 a day up to almost $50,000. It all depends.

The violence is getting closer and closer to home. I am sure everybody in this room now used to just read about it and hear about it and say, "oh, that is a shame," but never thought twice about it. But now it is just getting so close to everyone. You hear about it and you know somebody that is real close to you now that has experienced it or who knows somebody else who has experienced it.

You have the innocent victims now who are getting killed and getting hurt in drive-bys and traffic deaths because of the car chases in the District and the mistaken identities and the unexpected persons, joggers and businessmen, leaving work that don't expect to get robbed, like probably down in this area. You have a lot of businessmen down in this area who think that nothing will happen to them. Well, it is getting so bad that anybody can leave right now and go out and get in their cars and get robbed or shot because you were driving by that neighborhood shooting at each other.

They really need to look closely at the things that are going on now. The problem is people who just don't seem to care. You have millions of dollars that are being sent overseas and millions of guns that are being sent to the United States, which are destroying at record paces. Nobody seems to really look at this very closely, or as closely as they should.

You have the high cost of child care for a lot of young parents who either go to school or don't work or they don't even make enough money to support themselves. That is why you see a lot of kids out on the street; because their parents can't pay to send them anywhere. You know, a lot of things aren't being done for that.

Then they always say there is no money for anything. You have parents getting laid off from work, which causes more family problems, causes more drug addicts and causes more alcoholics because they are so worried about how their next bill is going to be paid until you have almost no way of dealing with the situations from day to day unless you drink or take drugs. It is wrong, but that is just how it is. There is no real explanation on why it is happening like that.

You have so many housing projects that are canceled and people living in poor, unsanitary conditions now. You have even seen on the news how some families live in such an unsanitary environment. It is almost sad. It makes you just think why do people live like this.

Then you have the protection, the health care, and the ambulance services that all seem to be going downhill. As the violence gets worse, these services are very crucial. They really need to be looked at more carefully.

Then you have the education standards where teachers are being furloughed and students are being put out of school because there is not enough money in the budget to keep them in school, which leaves them no other choice but to hang out on the streets, because those who are willing to go to school can't.

I think part of the solution is to have stiffer penalties on some of the drug addicts to either make them go to rehabilitation houses or give them some type of jail sentencing.

Then we have the prisoners who are locked up. I think they should be taught to work to earn a living once they get out of jail so they at least have the choice to either get a job or go back to jail. We have a lot of prisoners who have been locked up for years and are suddenly released with no skills to do anything besides rob or steal—go back to the way they were—because they can't cope with how things have changed since they have been released.

I also think that more youths should be allowed to be employed for violence prevention purposes because we have a lot of adults working in so many different branches and it's just not working. I think that youths can get a lot more done because they can relate to more of the problems than the adults, but they are not given a chance.

Myself, I would love to have the chance to do more than what I am doing, but the job that I have now doesn't allow me to. I have to find time in order to go out and help people that I really want to help, because there are no jobs available where I can really make use of the talents that I have to help other people, people like myself.

We need to restore a lot of the abandoned homes, but the greater thing that we need is family counseling for high-risk areas so that the whole family, not just the mother or the father, but the whole family can go to counseling and try to get together instead of just having problem after problem. And the city knows about it, but nothing is being done about it.

That is pretty much what I have to say.

Chairman **Glenn**. Thank you very much. As I understood it, too, you had a sister who was killed this year in a drive-by shooting. Is that right?

Mr. **Wilkins**. Yes, that is correct.

Chairman **Glenn**. Earlier this year, a little over a month ago?

Mr. **Wilkins**. Yes.

Chairman **Glenn**. Was that just a random shooting, just somebody driving by?

Mr. **Wilkins**. A drive-by shooting that occurs constantly in the neighborhood that I live in. She had been standing on a corner talking to some of her friends, and some guys were driving by the neighborhood and shooting. She was the only one that had been hit by one of the bullets.

Chairman **Glenn**. She didn't know the people, and they didn't know her, just random——

Mr. **Wilkins**. No, they weren't identified as anybody in the neighborhood. They knew the car. They didn't know who owned the car or anything. They just know it was a white car that was driving through the neighborhood with somebody shooting. Because, like I said, it happens so often in my neighborhood. A lot of people have been shot, but you don't know about it. A lot of people here don't know about it. There have been a lot of people in my neighborhood that have been shot by drive-bys. I think my sister has been one of the ones who has been killed in the last 4 months, among others that have been killed in drive-bys in my neighborhood.

Chairman **Glenn**. You could have gone either way. What caused you to go the direction you have gone? You now want to be a member of the D.C. Police Department, I believe. You are doing work with other kids. You are working. What kept you on the right track?

Mr. **Wilkins**. One thing is the support that I have to have for my family and how they look up to me and come to me with a lot of problems. And I feel that since my father wasn't there, that I have to kind of be the lead man in the family. And I always have to make sure that I am there for everybody, and I can't let drugs or anything violent discredit my ability to take care of my family whenever they need me.

Chairman **Glenn**. Curtis Artis. Curtis, we are glad to have you with us this morning. Do you have any comments you want to make along that same line as to how you grew up, what you saw in the neighborhood, and what has happened to you? As I understand it, you had it a little different growing up than Marc. Could you describe that for us?

## TESTIMONY OF CURTIS ARTIS,[1] MEMBER, POLICE CHIEF'S YOUTH TASK FORCE, WASHINGTON, DC

Mr. **Artis**. I started off like Marc, but it just turned around. I had beautiful parents and everything——

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[1] Biographical of Curtis Artis appears on page 99.

Chairman GLENN. Speak right into that mike a little more loudly.

Mr. ARTIS. I said I had beautiful parents, went to all good schools, but I just wanted money. I wanted to buy a truck. So I started hustling, and I got out on the street. And I just went from there—money, cars, clothes, the whole nine yards.

Chairman GLENN. I understand in the 8th grade you were picked up with a knife that you had taken to school to defend yourself; is that right?

Mr. ARTIS. My father used to carry a knife, so I thought it was fun. Daddy did it, so I wanted to do it. I started carrying a knife and got caught. I pulled it on a girl and got caught.

Chairman GLENN. What happened after that?

Mr. ARTIS. I got put out of school and started moving around to a lot of different schools, started fighting, started selling more drugs, started carrying guns, started shooting at people, started using drugs. I didn't care any more. I had no respect for life, no respect for anybody.

When you are on the street, it is like that. You can't respect anybody. A lot of people don't understand that. A lot of people call drug dealers stupid or ignorant or whatever. A lot of drug dealers are smart because any time a 16-year-old can manage a down line of 15 people and buy a $60,000 car and you don't know about it, that's a smart little young'un. You ain't even got that, so I don't see how you call him stupid or dumb. You know what I am saying? That is the same person that you can put in your business room and run your business, probably better than anybody in here can.

I don't think we in society should call young people stupid or ignorant because they got a lot of sense. They might apply it in a negative way, but that is what is out there for them. Nobody wants to flip hamburgers and get all burnt up and have somebody yelling at them for $3 or $4 an hour, and then have half of it taken away in taxes.

On the street, you don't have to worry about that. On the street, nobody can take taxes from the money you are making.

Chairman GLENN. How much could you make out there when you were selling drugs? How much could you make in Washington?

Mr. ARTIS. When I started out, I was making $60 a day. From there I went to a $300,000 industry.

Chairman GLENN. You were making $300,000 a year?

Mr. ARTIS. I made $300,000 in 5 months.

Chairman GLENN. In 5 months.

Mr. ARTIS. I had a down line of 25 people.

Chairman GLENN. How much would they make, then, under you? Would they start at $60 to $100 a day and then move on up?

Mr. ARTIS. They were doing just as well. They make $5,000, $10,000 a week, something like that. The money is out there. There is plenty of money to be made in that sense.

I mean, you got to compare. Who do you know that's going to turn down $100,000 right here in their face, and say "I'm going to go work at McDonald's"? You know? If somebody came to me with $10,000 and said, "I'm going to give you $10,000, will you go over here and rake this lawn?" I'm going to take the $10,000. That is how young people are thinking now.

Chairman **Glenn**. You were involved in a shooting also. You shot another young man. What happened on that?

Mr. **Artis**. That was on a joke time. I was playing. I shot my cousin. That was an accident. That is what I got charged for, though.

Chairman **Glenn**. What turned you around? You are on the Task Force now. You are out trying to talk to other people and trying to turn them around so they do not go the way you went. What caused you to turn around?

Mr. **Artis**. I had enough of bucking the system. I had enough of being chased by the police. You know, I had enough of people watching me and stuff like that. And I see little young'uns out here now on the corner trying to wipe somebody's window down, and they pull off and don't give them a quarter. You know, that quarter is the same quarter you are going to spend on a cup of coffee, which you don't need, so why can't you give it to a little boy. I don't want to see little young'uns grow up like I did.

I mean, I had it swell at the beginning, and I turned around myself. I just don't want to see little kids go like that because it is unnecessary. There are too many loving people out here. For instance, if one of these cameramen's camera breaks down and a little kid walks up to them, "You need some help?" and the camerman pushes him away. For what? He is just trying to help you. That might be the same little kid that is going to get you a job one day, you know, but you turn your back on them now. You shouldn't do that.

Just because you have a personal problem, you shouldn't turn you back on people, because that is the same person you might have to report to one day. That is the same person whose help you might need one day.

If all of us in this room work together, we can make a difference. It ain't about Marc. It ain't about you. It ain't about me. It is about us as a people. It ain't black, white, Spanish. It ain't none of them. It is everybody. But we have to work together.

Chairman **Glenn**. I should end this hearing right there on that note.

Ms. Beck is principal of Thomas Jefferson High School in New York. I don't know whether you are familiar with the CCC program she referred to, the Civilian Conservation Corps of years ago, where in times of high unemployment the government took young people like yourselves and gave them opportunities. They sent you out to do work in the woods, the forest, and camps, along with which they got education and a wage so they could save some money.

How many kids from where you grew up and with your background do you think would take advantage of something like that? Do you think many kids would be willing to sign up for something like that and be either taken out of their environment to some place else, or given jobs right here in the city where they would have a job to clean up neighborhoods or something? Do you think many kids would sign up for that?

Mr. **Artis**. A lot of people, they don't like manual labor-type jobs. They want to use their head. They don't want to sweep streets and all that. They want something that is going to make them think, so they can say, yes, I did this. And it didn't come from a lot of power and stuff. And if you train a person—it is one thing to just give a young person a job, but they might lose it because they are going to get frustrated because they don't know what they are doing. But if you train them for that job and give them the skills and prepare them for it, then they will keep it.

Chairman GLENN. If you had the CCC idea with an educational program along with it so they learn enough to really use their head and make a living, would that be attractive? Or is that asking too much?

Mr. ARTIS. That all depends on what comes along with it, you know. You might say, OK, we will train you, but there's got to be a catch, a gimmick. Everything's got a gimmick. You have to make it interesting to a young person, or they ain't going to have nothing to do with it. And I don't know why that is. I mean, education is not interesting, but you need it.

Chairman GLENN. You mean they have to see something at the end of the line, like what the education is for?

Mr. ARTIS. Yes.

Chairman GLENN. Marc, what do you think of that? Is CCC an attractive program or not?

Mr. WILKINS. We have had kids go on a retreat to get them away from the violence in their neighborhoods and let them get a clear mind to get themselves together so they won't have to look over their shoulders each day they get up in the morning and think well, I might be shot this day and die.

We have gotten some of the youths who have real problems on the street to go to these retreats, and we teach them education and then we have fun with them. We have safe fun, some of the things that they always worry about as kids. They don't have any place that they can have fun safely. They think maybe running from police officers and doing wild stuff on the street which is violent, is a game because it is fun to them because they don't have any place else to go for safe fun. So they do things in violent ways.

I think that programs like that do help kids because of the fact that it gets them away and it gives them a chance to at least think twice the next time they come into any violent predicament. These kids might have a situation where they might have to shoot somebody. But they went on a retreat, and we told them constantly it is not good to do these things. It is not good to shoot another brother or another sister. And they might think about this while they are out there, and when that predicament comes to them, they might think, well, Curtis or Marc or any other person on retreat said it is not good. And they may not do it. But at least they are given a chance to think twice about it. I think on instinct, the way they have grown up, they won't think twice about it if you don't give them a chance or give them some reason or insight in order to do it. They just won't do it.

Chairman GLENN. Curtis, do you have a job now? Are you working with the task force full-time, or do you have a job?

Mr. ARTIS. I am at the task force as a volunteer, but I just got hired. Yesterday was my first day. I am a counselor over at Douglas Junior High School.

Chairman **Glenn**. Good, good. We took you away from work on your first day on the job.

Mr. **Artis**. Yes. [Laughter.]

Chairman **Glenn**. I hope we haven't messed you up already.

Ms. Beck, on your CCC idea, have you tried this out on any of the people up at the school as to what they think of this? Would they be likely to sign up with this or not? Would that be taking them too far out of their familiar environment? Would you see the CCC working in the neighborhoods as opposed to going off to a conservation in the woods type camp?

Ms. **Beck**. No. I think that the CCC concept needs to be looked at and probably upgraded and revised so that it addresses the current urban situation. But in our school, we have no problem because I have plant science.

You see, I am taking it to another level. Environmental issues are things that the other part of urban America is thinking about, but children in the inner city aren't necessarily thinking about. But we need to move them to that point also so that they talk about acid rain and they concern themselves with soil and erosion and plants and things of that nature.

And the CCC issue helps do that. It takes all of the people so that we can move to the next place so we aren't leaving some behind.

Chairman **Glenn**. You said that one week you had five people killed in your school, is that right?

Ms. **Beck**. Oh, yes.

Chairman **Glenn**. What would be an average number of killings in your school per year?

Ms. **Beck**. In 5 years I have lost more than 50 young men. They have been killed. And in most cases, I am the only one that attends the funeral.

Chairman **Glenn**. So you have an average of about 10 violent deaths a year. These are not just accidents or something, but these are killings?

Ms. **Beck**. Yes.

Chairman **Glenn**. Homicides.

Ms. **Beck**. And an awful lot of young people who get shot and stabbed.

Chairman **Glenn**. What is the population of your school? What is your number of students?

Ms. **Beck**. Nineteen hundred students.

Chairman **Glenn**. You have lost 50 students over the past 5 years.

Ms. **Beck**. Sure. But I am not as concerned about those that we define as dead as I am the walking dead, because young people who live with this kind of violence, who only have those kinds of memories, many of them are not as strong as this young man. They become zombies. They feel that there is nothing for them, and so they lash out and strike back, too.

Chairman **Glenn**. Marc, how many people have you known who were killed in your neighborhood?

Mr. **Wilkins**. Well, I know several, and between Curtis and myself, because we are pretty much from the same area, we can come up to almost over 100 people that have been killed over the last 2 years. Just from high school, I have known at least 50 people that have been killed in violent acts. I have grown up around a lot of people who have gone to jail and have gotten killed. And it is just unnecessary. It is sad, because when you look at how we used to play in a neighborhood as young men and women, and to grow up and to not be able to see this person or to have to go to these funerals almost two and three times a month, it is sad. It can really get to a person.

Chairman **Glenn**. Were you both involved in athletics? Were you, Curtis?

Mr. **Artis**. Too strenuous for me.

Chairman **Glenn**. Too strenuous? [Laughter.]

Would your attitude be typical, or would most of the young fellows want to go out for athletics and be on a team?

Mr. **Artis**. Some of them want to go out because of the girls. But with all that sweating and working and jumping around. . . .

Chairman **Glenn**. How about you, Marc?

Mr. **Wilkins**. I played football in high school. You know, you have a lot of guys out here who love sports, but some of them are scared to leave their neighborhoods in order to participate in the sports. Because you can be down on the next block, and you might have a confrontation and get killed just for doing what you really want to do in life, and you really can't unless you will be with five to 10 people, and that really causes a problem.

Chairman **Glenn**. Ms. Beck, are gangs a problem in your school? Are they organized gangs like we used to hear about so much? We don't seem to hear that much about them anymore.

Ms. **Beck**. In 1992, you don't have organized gangs. You have things that were called instant, almost like Terminator 3. Remember the little drop and then all of a sudden it was a thing?

Children relate now based on a block where they live, a building that they live in, maybe a school they attend. There is the California mystique with the Bloods and the Reds and the Blues, but I don't find that to be the case in our school. Children can band together in an instant just on address.

My school is unique because there are 40 different housing developments where children come from to my school.

Chairman **Glenn**. From what distance?

Ms. **Beck**. Say a three- or four-mile radius around the school. And each one of those buildings has its own culture.

Chairman **Glenn**. You mentioned that right now you have 40 kids in your school that you know of, that have no parent, or no known parent that guides them or tries to work with them. And you said that you are the only one who attends some of these funerals.

Ms. **Beck**. Surely, because living in America sometimes is overwhelming. One mother had to finish her laundry. But as the young men said, you know——

Chairman **Glenn**. Had to what, now?

Ms. **Beck**. She had to finish her laundry.

Chairman **Glenn**. So she couldn't come to the funeral.

Ms. **Beck**. Right. The young men mentioned going to funerals all of the time. There comes a point when you just cannot continue to attend funerals and go to those kinds of things that are destructive to yourself. So, therefore, you set up barriers and protective walls so that you can survive.

If the children engaged in the emotional outburst every time one of their friends was killed, then they wouldn't be able to sit here. They would have psychotic episodes.

This is just like during the war. When men are at war, they can't get emotionally involved in their friends who are killed. I mean, they hurt, and that is why I call them children of war because they are displaying all of the same psychological behaviors of people that are involved in a war, only it is in urban America.

Chairman GLENN. We sit here and use these statistics that there are 260 different programs in seven different departments and 17 different agencies, all involved in trying to look into doing something about the increase in youth violence and trying to come up with some sort of solutions. How is this working? Because it just seems that things are running away in different directions.

Ms. BECK. No, I don't think they are ineffective, but I do think we need to look at the coordination of a lot of them. And sometimes we have to change, we meaning the schools.

One of the things I have done is to reach out, and I have a lot of CBO's, community-based organizations, because we are professional educators. And you heard me mention the Organization of Black Psychologists. If we are dealing with psychological issues, then I need people that psychology is their profession.

When I said the dormitory, it is not just for children to live in. It is to house the many, many services. It will become a multi-service complex. Because if a school—if I take in all of the services that I need of these 200 that we are talking about here, then pretty soon the school will cease to be a school. It will become a service-providing institution.

I need some other kind of a structure near the school that will support the types of services that we identify, and each school and community may have a different array of things that it needs.

Chairman GLENN. Marc and Curtis, just one more question. When you were in school, how many programs were there where people tried to work with you on counseling and things like that? Were there many programs available to you or not?

Mr. WILKINS. Well, I wasn't sure of the programs then. You have so many programs, like you say now, but you have people that are not really doing their job or taking their job seriously in these programs. You can have 100,000 programs, but if you have somebody that is just sitting at a desk saying, "yes, I have a program," you are not doing anything. That is why I say we need to have a lot more of the youth involved in a lot of these programs, and I am sure that more things will be done if that was to happen. Because it seems like you have a lot of lazy adults out here that see themselves doing a lot of things, but they are not doing anything at all, really.

Chairman GLENN. Curtis, do you have contact with any of these counseling programs?

Mr. ARTIS. Yes, they jive right, but nobody pays any attention to them because some of the adults have such a negative attitude towards you. A lot of them, the first thing that comes out of their mouth is you ain't going to be nothing, you ain't going to do nothing. And a young person who wants help doesn't want to hear that. A young person that wants help wants you to say to them we can do this for you, we can do that for you, but you got to do this first. You got to meet me halfway.

A lot of counselors don't do that. A lot of counselors say: "Fill these out and just get in line." Come on, man, what's that? I mean, it's a job, but regardless.

Chairman **Glenn**. How much of a deterrent to the sort of thing that we are talking about is it that you may get caught and go to jail? Are people really scared of winding up down at Lorton or some place? Is that really a major factor, or is that something they just sort of live with and dismiss as a remote possibility?

Mr. **Artis**. Let me tell you the truth. People don't care about getting locked up.

Chairman **Glenn**. I am sorry?

Mr. **Artis**. People don't care about getting locked up. They are more scared to live than they are to die. It sounds crazy but it's the truth. There are a lot of people in jail, young'uns, that got 15-to-life, 45-to-life. They don't care, and they didn't care when they were on the street. Most young'uns coming up now, all they know is you are not a man until you do 5-to-15. You are not a man until you bust a block up on somebody.

Chairman **Glenn**. It is looked at as a mark of honor that you have been in jail, then.

Mr. **Artis**. It is a mark of honor, but I am telling you, once they get down there—I am saying I used to be like that, and I said it many times. I sat on my bunk and cried at night, and I am a big dude and I can handle my own. And I was scared many nights up in there. And it ain't like that, and people don't see that, you know? They think you go to jail, you are all right. It ain't like that.

All these little young'uns running away from Cedar Knoll? Send them down Lorton. They're not going to run anywhere because in jail you can't run. In jail you can't hide from somebody you are fighting. You can't hide.

Chairman **Glenn**. Some of these programs where they are taking young people through jails and letting some of the prisoners talk to them, is that effective at all?

Mr. **Artis**. No, because the prisoners that are talking to them are the prisoners that talk to all the visitors. They have certain prisoners that will talk to visitors, and that is it. That is all they do. They will talk to the visitors. I did a program with Channel 9, and they sent us two dudes that talked to everybody that came through there. And Janet Fox said, "No, I don't want them. I want somebody that doesn't talk to the public." Those are the people that the young'uns need to talk to. They don't talk to them. They talk to the people that make jail sound pretty.

Mr. **Wilkins**. And you have a lot of people who are in jail who give these young kids—the perception is you go to jail, you know everybody in jail, so you are going to have fun. But you don't have anybody who really tells them what happens in jail. They don't tell them how they might get raped. They don't tell them how they might get cut, how they might get stabbed or how you can have somebody sneak up in your cell one night. They don't tell them all that. They say, well, you know, I knew everybody in there. The only thing we did was sleep and lift weights, we came out in 5-to-10 years.

So they think it is so easy, and then you have these juvenile facilities where the young men escape so easily. So how can you tell me you are going to send me away for a long period of time when actually you are sending me somewhere where I can escape in 2 weeks? You are not really disciplining them at all.

Chairman **Glenn**. How many of the kids that you knew growing up are kids without a parent at home; kids who are living with somebody else or who have been or are assigned to foster care? How did that work out? Do you have any comments on that?

Mr. **Artis**. I knew two dudes that had foster parents, and one of them, he just went crazy. He's in jail. He got out. He did 5 years, got out for 2 days, and got locked back up on a 15-to-45. And his parents, they didn't care about him. They were just doing something to make themselves look good.

The other dude, he started off bad, but then his people tightened up on him and sent him to the service.

So it goes both ways.

Mr. **Wilkins**. I have known people who have had nobody to look out for them or no parenting, but I don't think that I have known anyone who has really had two foster parents. But you have to look at the parents that call themselves parents. Sometimes they get these kids, and they aren't really ready to be parents. They just get them because they may receive money from the Government, or they might get some retarded kids that they might receive money from the Government for. But they are not really ready to take care of these kids. A lot of these parents have to realize, sometimes you just have to bend over backwards twice in order to help your kid, and not just wait until they get out of hand when they are younger and when they get older parents don't want to listen and send the kids to jail or send them away from here. It shouldn't work out like that.

If you are going to be a parent, you have to be a parent for the rest of your child's life, or just don't be a parent at all.

Chairman **Glenn**. We are going to have to move on to the other panels. This is fascinating conversation and I hate to end it, but we are going to have to shortly.

Ms. Beck, what time do your kids get out of school?

Ms. **Beck**. We get out at 2:20, and then I have p.m. school from 2:30 to 4:30.

Chairman **Glenn**. Now, are there any programs at that time? I would gather that a very, very high percentage of the parents of your students are working parents. Almost all?

Ms. **Beck**. No.

Chairman **Glenn**. They are not working parents? Are they unemployed?

Ms. **Beck**. I wouldn't say a high percentage. We will give the benefit of the doubt. We will say 50 percent of them are working parents.

Chairman **Glenn**. The rest are, what, unemployed?

Ms. **Beck**. Unemployed, dysfunctional, lost.

Chairman **Glenn**. I was building up to whether you have had any programs in the school that took up where the normal school day ends. Programs of counseling and of athletics and of guidance for the kids so they feel like they belong to something?

Ms. **Beck**. Sure.

Chairman **Glenn**. One of the biggest problems, I think, everybody, animals, humans, whatever, want to belong to something. They belong first to a mother, and then to a family, and then to a community, where they may be in Boys Scouts, Girl Scouts, YMCA, Boys' Clubs and Police Boys' Clubs where there is a molding influence expanding out of parenting from when they were 1 day old. That is what sort of molds people.

Now, that is apparently completely lacking in many families leaving no real guidance, and yet we let the kids out at 2:30 in the afternoon. There they are, a high percentage of them, out on the streets unless they are in the secondary program that you are talking about.

Ms. **Beck**. Right.

Chairman **Glenn**. And many of them are not getting the guidance at home. Is there an opportunity there we should be focusing on by trying to support school programs that fit in from 2:30 to 6 o'clock when the parents are home, or the kids are home with somebody, anyway? Is that a possible area to look at?

Ms. **Beck**. Yes, I have community school, and it is open 7 days a week. Not only that, we keep talking about the kids and focusing on the teenagers. Let's remember who their parents are. Many of these children's parents are kids, as far as—as old as I am, they are kids. We are talking about 35, 32 years old. They are very young themselves, and many of them would like to go back to school and get a GED or learn some skills. And if you open up your high schools—and I consider them to be the major institutions in a community. If you open them up, then these people would have an opportunity to learn the computer and to do some of the types of things that are needed for today's and the 21st Century's job market.

Chairman **Glenn**. Thank you. We are going to have to move along. One of our problems is we quite often put too many witnesses on. And then we run into something very interesting, and we want to continue it. But we have to cut things short. We may have some additional questions for you. We will get in touch with you later. I appreciate very much your comments this morning. They are very helpful to us. Thank you all very much.

Ms. **Beck**. Thank you very much.

Mr. **Wilkins**. Thank you.

Mr. **Artis**. Thank you.

Chairman **Glenn**. Our next panel this morning includes some people who have been dealing with these problems and doing research in this particular area for many years. We have some very experienced, leading researchers in the country in these areas. Dr. Leonard Eron, Research Professor Emeritus, University of Illinois at Chicago, who is Chair of the American Psychological Association Commission on Violence and Youth; Dr. Adele Harrell, Senior Research Analyst, State Policy Center, the Urban Institute of Washington; Dr. Donald Schwarz, Assistant Professor of Pediatrics, University of Pennsylvania Medical School, Director, Adolescent Clinic of the Children's Hospital in Philadelphia; Dr. Deborah Prothrow-

Stith, Assistant Dean, Harvard School of Public Health in Cambridge, Massachusetts.

Dr. Eron, would you please lead off for us this morning? This has been a fascinating morning so far. We hope you can also shed some light out of your long experience on what directions we should take.

## TESTIMONY OF LEONARD D. ERON, Ph.D.,[1] RESEARCH PROFESSOR EMERITUS, UNIVERSITY OF ILLINOIS AT CHICAGO, AND CHAIR, AMERICAN PSYCHOLOGICAL ASSOCIATION ON VIOLENCE AND YOUTH, CHICAGO, IL

Dr. Eron. I would hope so. Thank you very much for this opportunity to appear before the Committee.

Today I will highlight three topics: first, the research that I have done over 35 years in the area of television violence; then I would like to talk about the functions of the American Psychological Association Commission on Violence and Youth; and, finally, if there is time, describe an intervention program, very large scale, in the Chicago public schools which now under way.

In 1960, we completed a survey of all third grade school children in a semi-rural county in New York State. We interviewed 875 boys and girls in school and did separate interviews with 80 percent of their parents. We were interested in how aggressive behavior as it is manifested in school is related to the kinds of child-rearing practices that their parents used.

An unexpected finding in 1960 was that for boys there seemed to be a direct positive relation between the violence of the TV programs these youngsters preferred and how aggressive they were in school.

Ten years later, in 1970, we were fortunate in being able to reinterview over half of our original sample. Our most striking finding now was the positive relation between the viewing of violent television at age eight and aggression at age 19 in the male subjects. Actually, the relation was even stronger than it was when both variables were measured at age eight.

By use of a variety of statistical techniques, it was demonstrated that the most plausible interpretation of the data was that early viewing of violent television caused later aggression. Then 12 years after that, when the subjects were 30 years old, we interviewed them again and consulted archival data, such as criminal justice records, and found that the more frequently our subjects watched television at age 8, the more serious were the crimes for which they were convicted by age 30, the more aggressive their behavior was while under the influence of alcohol, and the harsher was the punishment they administered to their own children. There was a strong correlation between a variety of television viewing behaviors at age 8 and a composite of aggressive behavior at age 30. These relations held up even when the subject's initial aggressiveness, social class, and IQ were controlled.

Further, measurements of the subject's own children, who were now the same age as the subjects were when we first saw them, showed that the subject's aggressiveness and violence viewing at age 8 related to their children's aggressiveness and their children's preference for violence viewing 22 years later when the subjects themselves were 30 years old.

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[1] The prepared statement of Dr. Eron appears on page 101.

What one learns about life from the television screen seems to be transmitted even to the next generation. This finding of a causal link between the watching of violent television and subsequent aggressive behavior is not an isolated finding among a unique or nonrepresentative population in one area of the United States at a particular time.

Seventeen years after our original data collection, we studied another large group of youngsters in a different geographical section of the United States, a heterogeneous suburb of Chicago, following them for 3 years, and we obtained essentially the same results. Further, this 3-year follow-up was replicated in four other countries: Australia, Finland, Israel, and Poland. The data from all five countries investigated in the study clearly indicate that more aggressive children watch more television, prefer more violent programs, identify more with TV characters, and perceive violence as more like real life than do less aggressive children.

Further, it became clear that the relation between TV habits and aggression was not limited to boys as we had found in our original study. Girls, too, are now affected by television violence. And generally the causal relation was bi-directional, with aggressive children watching more violent television and the violent television making them more aggressive.

There can no longer be any doubt that heavy exposure to televised violence is one of the causes of aggressive behavior, crime, and violence in society. The evidence comes from both the laboratory and real-life studies. Television violence affects youngsters of all ages of both genders, at all socioeconomic levels, and all levels of intelligence. The effect is not limited to children who are already disposed to being aggressive, and it is not restricted to this country. The fact that we get the same finding of a relation between television violence and aggression in children in study after study in one country after another cannot be ignored.

The causal effect of television violence on aggression, even though it is not very large, exists. It cannot be denied or explained away. We have demonstrated this causal effect outside the laboratory, in real life, among many different children. We have come to believe that a vicious cycle exists in which television violence makes children more aggressive, and these more aggressive children turn to watching more violence to justify their own behaviors.

Statistically, this means that the effect is bi-directional. Practically, it means that if media violence is reduced, the level of interpersonal aggression in our society will be reduced eventually.

As part of my remarks today, I also want to give a brief report on the American Psychological Association Commission on Violence and Youth, of which I am the Chair.

A year ago, the commission was established to bring psychology's expertise to bear on the problems of young people who are victims, witnesses, or perpetrators of violence or who live under the constant threat of violence.

The APA has asked the commission to review psychological knowledge related to violence and youth, describe applications of that knowledge to prevent or stop violence, and to temper its negative consequences, and, third, to recommend promising directions for public policy, research, and program development.

We have solicited ideas and materials from many people who are concerned about violence and youth. Last fall we conducted 2 days of hearings in which we heard testimony from researchers and program staff in the areas of sexual assault, law enforcement, health care and community services, as well as representatives of the religious community and State and Federal Government agencies.

Speakers repeatedly urged APA to bring a scientific perspective to public policy on violence, and they underscored the urgent need for immediate, sound interventions.

The commission will present its findings and recommendations in a report scheduled for release in December 1992. Besides advancing the understanding of violence and youth by psychologists, we want the report to offer practical help to communities and institutions coping with issues related to violence and youth. For this reason, we decided to make preventive and rehabilitative interventions the focus of this report. We also will discuss the relation between violence and culture, as well as social and historical issues tat underlie the context for our society's current violence.

I am confident that material from these hearings will be germane to the work of our commission. Moreover, I trust that our commission's final conclusions and recommendations will be valuable well beyond organized psychology. We want our report to be a springboard for developing programs and policies that can help to stop the tidal wave of violence that is harming our young people nationwide.

Now I would like to turn my attention to the intervention program in the Chicago public schools. Until recently, very few prevention and intervention programs have included the consideration of the multiple contexts in which aggressive and antisocial behaviors are learned. While the school context is critical because of the amount of time and the number of years the child spends at school, there are many other important socializing influences, and these have been mentioned in previous testimony today. These influences include the peer, family, and community context, as well as exposure to media violence.

In working with inner city children, the community context is of particular relevance because of the extreme environmental conditions which often exist there and which place entire populations of children at risk for the development of aggressive and violent behavior. Intervention programs are doomed to failure if they do not take into account the extreme and persistent environmental constraints such as violence, hopelessness, and limited social resources which surround these children 24 hours a day.

It is naive to believe that we can change the attitudes and behavior of young people growing up under these conditions with any type of brief, single-focus programs, such as public service announcements, classroom management strategies for teachers, or a few weekly lectures and exercises designed to change children's social skills or cognitions about aggression. In order to effect behavioral change, a more complex and sustained approach carried out more frequently over a number of years and affecting several psychosocial contexts and settings of development is necessary.

The Metropolitan Area Child Study, which is what the Chicago intervention is called, is a large-scale, comprehensive, long-range program in which interventions are being conducted throughout the school year in 16 schools with the same children over a period of 2 years and across a variety of contexts. The total number of children in this study is approximately 5,000. The contexts for intervention are the classroom, the peer group, and the family. However, because an important but basically unanswered question is how much intervention in which of these domains is necessary to prevent violence and aggression in the highest risk portion of this population, we are employing an additive model of program evaluation to get at this question.

It relates to what Senator Glenn talked of earlier this morning, and, that is, how do you find the most cost-effective, least intrusive method of intervention?

We start, then, in this additive model, first with a general enhancement, classroom-based primary prevention program to which all 5,000 children are exposed. All children are included in this general enhancement, classroom-based program. The program consists of 80 classroom lessons conducted this 2-year period utilizing a program in which we are trying to change children's cognitions about themselves, about their own self-efficacy, about norms for violent behavior, about how to solve interpersonal problems without resorting to violence, and also giving them a better sense of what television violence is doing, how unrealistic this is, and in general giving them a sense of control and hopefulness about the future that they themselves can solve their problems.

Teachers in this general enhancement program, all the teachers, participate in 30 hours of teacher training focusing on cultural diversity, development of pro-social and cooperative behaviors and classroom management. We hope that after this program of 30 hours of training there will no longer be teachers whom we have observed who take children and knock them up against the blackboard when they want to discipline them.

Now, that describes the general enhancement program for all 5,000 children. Then we have taken a large group of children from grades 2, 3, and 5 who we have identified as at high risk for developing violent and aggressive behavior, and we have divided these approximately 1,000 children into two additional treatment groups. Both of these groups also receive more intensive cognitive training, very much like what the entire school is getting but more intensive, in small groups of high-risk peers. They work together in peer groups one or two times a week throughout the school year.

Then one of these two groups also receives 22 sessions of family training during the first year of the program. We actually work with the families of these high-risk youngsters, teaching them many of the same things that the youngsters are learning in the school program. During the second year, we have monthly boosters with the family.

In this regard, it is important to examine the extent to which corresponding gains justify the social and economic costs of identifying children as high risk and the expenditure of resources necessary to involve multiple systems in treatment programs. This focus also addresses the concern of whether prevention programs should single out high-risk children for special attention or should be limited to general enhancement programs for all children.

We believe that focusing on the child's cognitions as the critical locus of change holds promise for long-term generalized effects. However, since these cognitions are learned and maintained in multiple settings, we also believe that the conditions for the learning of aggression present in at least some of these settings must be altered. The need for a comprehensive approach is most critical in inner-city communities where the environmental risk factors are so extreme that they place entire populations of children at risk and can exacerbate the impact of individual risk factors.

Thank you.

Chairman GLENN. Thank you very much, Dr. Eron. We will get to questions later after we have all the statements.

Dr. Harrell, if you would be next, please?

## TESTIMONY OF ADELE HARRELL, Ph.D.,[1] SENIOR RESEARCH ANALYST, STATE POLICY CENTER, THE URBAN INSTITUTE, WASHINGTON, DC

Dr. HARRELL. One of the truly shocking facts about the problem of violence in this country is the amount that occurs within the family. Each year one in 10 women is abused by the man with whom she lives. Repeated and severe violence are estimated to occur in one in every 14 marriages. This can cause long-term disabling psychological trauma—the battered woman syndrome—which is similar to the trauma experienced by hostages or prisoners of war.

Unfortunately, women are not the only victims. Children are often the unintended victims of battering. Children in violent homes are at double jeopardy: the risk of witnessing traumatic events and the risk of physical assault.

While most of us recognize immediately the harm inflicted by child abuse, the problem of witnessing severe parental violence on a routine and regular basis is often overlooked. It relates to what Dr. Eron has been saying about witnessing. Children from violent families can provide clinicians with detailed accounts of abusive incidents that their parents never realized that they had witnessed.

The immediate impact of this exposure is traumatic—fear for self, fear for the parent, and self-blame. This exposure may lead to later violence on the part of the child, as well as to other serious emotional and behavioral problems. These effects are particularly dismaying in view of the fact that over 3 million children are at risk of exposure to parental conflict each year. This is not confined to our inner cities. This is a national problem that spans inner cities and suburban areas, rural areas and all races and classes.

Children are often caught in the cross-fire of this violence. Physical abuse of at least one child is found to occur in a large proportion of battering incidents when children were present.

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[1] The prepared statement of Dr. Harrell appears on page 114.

It is difficult to distinguish between the effects of witnessing parental violence and being abused as a child. However, we do have ample evidence of the kinds of problems these children develop. They include high rates of fighting, delinquency, criminal violence, depression, suicidal behavior, phobias, and other emotional and physical disorders. Aggression can appear in even very young child abuse victims and tends to persist a long time.

There is strong evidence that patterns of violence continue from one generation of a family to the next. This results in part from social learning. Sons see their father hitting their mother and may infer that battering is effective and appropriate behavior. Similarly, daughters may see their mothers abused and conclude that this is normal and that they should expect it in their relationships.

However, an important point is that the majority of children from violent homes do not become delinquents, battering spouses, abusive parents, or criminals. Estimates of the rates of intergenerational transmission of violence vary, and they depend on the definition used in the sample. They generally fall between 25 and 35 percent. This means that in 65 to 75 percent of the cases children from violent homes do not become violent, raising an important question: Why not?

Psychologists have identified three domains as essential to the psychological development of all children. I call this the CAR model: C for competence, the child's knowledge and confidence in personal ability to attain desired outcomes: A for autonomy, the sense of control that allows children to regulate their behavior and emotions; and R for relatedness, the child's ability to establish an intimate, caring relationship with another.

Children adapt, sometimes in healthy ways, sometimes in unhealthy ways, to their environment, and particularly to their family environment, in developing their competence, autonomy, and relatedness.

Violent families provide a clearly inappropriate and impaired environment for healthy development. Children in violent families tend to experience inconsistent punishment, lack of structure; they witness erratic parental behavior; they are ignored, shamed, and neglected. When these behaviors are repeated over a long period of time, the chronic child neglect that results can be at least as damaging as physical assault.

Research on the factors that help children avoid repeating the pattern of violence is limited. However, the evidence suggests that family violence transmission can be offset, and some of the things that do that are a warm relationship with one parent and/or access to other role models and caregivers who meet basic needs for psychological development.

This may account for the success of programs like Big Brothers and Big Sisters, and the potential for mentoring programs, such as those we are now studying at the Urban Institute.

We also know that an important role is played by stresses on the family from substance abuse, poverty, joblessness, and lack of social support. These increase the risk of family violence and provide the conditions for chronic neglect and are particularly apparent in the inner-city neighborhoods we have been discussing today.

But, finally, and maybe most critically, cross-cultural studies indicate that the level and prevalence of family violence is highly dependent on our social tolerance for family violence, on norms that endorse or ignore violence. These include everyday prescriptions, such as a man's home is his castle, or spare the rod and spoil the child, and the persistent media glorification of violence.

Another factor that is a problem is the weak enforcement of laws against domestic violence, which leaves the impression that assaulting a family member is not a serious matter. Strong arrest policies, enforcement of protection orders, prosecution of domestic violence cases, and appropriate sentencing have yet to be implemented in most jurisdictions, despite considerable strengthening of State laws against domestic violence across the past decade.

At the Urban Institute, we are working on ways to improve the justice system response to domestic violence. We have evaluated the impact of court-ordered treatment for domestic violence offenders and found that it needs to be improved. We are now examining the effectiveness of civil protection orders and their enforcement, and we are looking at the resolution of custody cases involving spousal assault.

Next year, with the National Council on Juvenile and Family Court Judges, we will host a national conference on family violence and the courts. Two judges and a State legislator from each State will be invited to discuss how courts can better respond to these cases.

Another exciting new initiative at the Institute is the Children's Roundtable funded by the Carnegie Foundation. The Roundtable will hold a series of meetings with Members of Congress and their staff and policy analysts to consider children's issues. The first meeting last July considered tax relief for families with children.

As part of a larger study of patterns of urban opportunity, we held a conference last April that looked at stress from drugs and crime and their effect on family life and children, particularly in our inner cities.

We are finding from these efforts that there is much that can be done to reduce the violence in our homes, and we believe there is no better investment in the future of this country. It is one of those root causes that, if effectively addressed, can have long-term and lasting benefits.

Our assessment is that the strategies to do this will have to be multi-faceted, will have to involve a number of different agencies. The top four recommendations might be tougher:

Tougher law enforcement and sentencing to protect women and children and send a message that family violence is not to be tolerated;

We also think it is important to train law enforcement officers, prosecutors, and judges in administering justice in family cases, and in responding appropriately to these cases;

On the social welfare front, we think access to safe housing, coupled with social service, is essential and that this will involve support for the greatest resource now available to battered women—grassroots shelters and advocacy organizations—as well as simply expanding the access that women have to Federal, State, and local programs that provide housing and social services that will give them the supports to raise their children in violence-free environments;

And, finally, violence prevention programs in high schools and on campuses that deal with issues of date rape, conflict resolution skills, sexual harassment during the very time when these youth are forming relationships and families of the future. It is a very important component of a broad strategy aimed at violence prevention.

Chairman GLENN. Thank you.

Next, Dr. Donald Schwarz, Assistant Professor of Pediatrics, University of Pennsylvania Medical School, and Director of the Adolescent Clinic at Philadelphia.

## TESTIMONY OF DONALD F. SCHWARZ, M.D.,[1] ASSISTANT PROFESSOR OF PEDIATRICS, UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE, AND DIRECTOR, ADOLESCENT CLINIC, THE CHILDREN'S HOSPITAL OF PHILADELPHIA, PHILADELPHIA, PA

Dr. SCHWARZ. Thank you, Mr. Chairman. I would like to draw on three of my current experiences in——

Chairman GLENN. Pull that mike up tight. These are very directional mikes. You have to treat them with tender loving care.

Dr. SCHWARZ. Let me draw on three experiences from my current practice for you this morning. The first is my pediatric practice with teenagers, and particularly teenage mothers in inner-city Philadelphia. The second is research that I have done now for the last 7 years with the Philadelphia Injury Prevention Program, which is a Centers for Disease Control-funded effort to both document and control injuries and violence in an urban African-American community in Philadelphia. And, third, I would like to bring in information that was discussed at the annual Ross Roundtable. This is a conference held annually in cooperation with the Ambulatory Pediatric Association. I chaired that meeting this year, and the topic was Children and Violence.

In my testimony, I make three points. I will summarize them quickly in the interest of time, but one I would like to particularly detail.

The first is that in my practice and my experience, I have been impressed that girls in particular need to be a focus for attention, not just boys. As I look around the room, I see articles from the newspaper which I think reflect accurately the public media's perception of the issue of violence. What I hope is that we may at some point influence that perception to make the American public realize how the picture of violence in America is growing to include young women.

When I began to practice with teenagers in 1985, I was well aware of the high incidence of violence-related injury that was perpetrated by and on young men. A large number of my patients were injured in the first year in which I worked with them as their physician, and a large number had admitted to me that they at times were perpetrators of injury to other youths. My observation was that this behavior was quite rare among young women, though

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[1] The prepared statement of Dr. Schwarz appears on page 123.

I may have been expecting more violence with boys and so that is what I noted.

In 1987 when I began working with adolescent mothers, I was quickly made aware that they themselves were often the victims of assault. One of our mothers was shot in the face a half block from her home while pregnant with her second child. In addition, their partners were often involved with violence and brought that violence home. Five of the first 100 teenage mothers with whom I worked had partners who were murdered during the pregnancy. One in 10 of the fathers was in prison at the time of delivery, usually for drug-related and/or violence-related offenses. In the last 5 years, some of these statistics have grown to include more and more of the mothers themselves.

Throughout the last 5 years of the practice with teen mothers, we have collected information on the mothers regarding mental health, specifically depression. One of my colleagues has long had an interest in teenage mothers and depression, believing that it was an unmet mental health risk for these young women. Over time we have followed the rates and levels of depression using standardized questionnaires.

In the last 2 years, we have observed a gradual reduction in the number of teens who score as depressed at all. Concurrently, we have found a growing number of these young women are becoming more involved with violent behaviors. The degree of fighting and serious injury is remarkable. Five years ago, it was rare for us to have a teenage mother who was incarcerated for any crime. Now it is not uncommon to find the babies of our adolescent mothers in foster care because the mothers have been arrested for assault.

I see a similar phenomenon in the general adolescent practice at the Children's Hospital of Philadelphia, where more and more teenage women report suspension from school and even arrest due to fighting and aggressive behaviors.

I postulate that as our society portrays women role models more like men—that is, more violent—particularly, as Dr. Eron has noted, on television and in the movies, that we are making the expression of aggressive impulses more acceptable for women. The teenage mothers who used to become depressed months after their delivery may now be manifesting their anger outwardly with aggression and violence.

Let me reiterate, though, that this is only my clinical impression, not the rigorous result of controlled research.

As part of the Philadelphia Injury Prevention Program, though, we have collected data for 4 years on every emergency room visit for an injury for a population of 68,000 people of all ages living in 17 census tracts in western Philadelphia. About 10,000 of these people are between the ages of 10 and 19 years.

When I look at the proportion of injuries coming for emergency room care that is due to violence, I find that it increases with increasing age throughout adolescence and into young adulthood. What is remarkable is that the proportion is identical at every age for young men and young women. The rates are different, but the proportion of injury due to violence is the same; that is, the relative chance that an injury to a young man will be due to violence is the same as that for a young woman.

According to the U.S. Department of Justice, Bureau of Justice Statistics, arrests for young women have been increasing for some time. The number of admissions to local jails for female juveniles increased 39 percent between June 30, 1984, and June 30, 1987, while the number for males declined by 6 percent. Certainly young men are still more likely to be arrested, but it is notable that rates of violent behaviors for women are increasing.

At the Roundtable in September that I mentioned, Dr. Murray Straus of the University of New Hampshire shared information similar to that that you have heard from my colleagues here this morning. His work was from surveys of adults who reported having witnessed violence between their parents. While few adults reported violence in which their mothers assaulted their fathers, in those cases where those instances were recalled, outcomes from the survey respondents with regard to their own violent behaviors were remarkably bad. More arrests, more violence against their children and more drug use if their mothers were particularly the aggressors.

If our observations in Philadelphia reflect a national pattern—that is, women are becoming more violent in our society—we must worry about the impacts of this violent long term on our children and youth.

The second point that I make in my testimony, which I will say very briefly, is, as you have heard this morning, early prevention is needed. Both my clinical observation and the work of my colleagues would support the fact that beginning with 17-year-olds is certainly too late. It is important to work with 17-year-olds because they need support, but we need to start our interventions earlier.

The final point was driven home to me at the Ross conference, and that is that the prevalence of children's exposure to violence, as we hear often, is quite incredible. Since beginning my practice as a pediatrician, I have been amazed at the number of children who perceive themselves to be in danger of injury due to violence, children who have bad dreams, who show aggressive behavior, or those who have other symptoms which ultimately are found to be caused by exposure to violence.

When we ask our teenage mothers why they don't attend school, we find, as have other researchers, that a frequent reason is a sense of not being safe, either in school or on the way to school. A group of pediatricians in Boston looked into why children don't attend school in that city and found that fear was a significant reason.

Our own injury data show that these fears are not necessarily misplaced. One in 17 young men in Philadelphia will visit an emergency room in our western Philadelphia neighborhoods particularly each year, one in 17 because of a violence-related injury. Dr. Bernard Guyer and his colleagues in Massachusetts found in 1979–1982 that one in 42 young men 15 to 19 years of age from 14 communities across the State of Massachusetts visited an emergency room because of violent injuries. And Massachusetts doesn't have the highest rates, for instance, of homicide in the Nation.

At the Ross Roundtable in September, speakers from across the U.S. discussed the prevalence of violence in our Nation. Not only do children see violence at home between family members at alarming rates, but, as you have heard, they witness it frequently on television, in the media more generally, and on the streets.

It was the general consensus particularly of the pediatricians at the Roundtable that we can no longer think about violence and violent behaviors as abnormal in this Nation, given the frequency with which children are exposed to or act out those behaviors. Rather, a message of the conference for pediatric providers from urban areas, suburban areas, and rural areas was that we need to begin to find ways to help children cope with what has become an everyday reality for them—that is, violence in our society.

I believe that this exposure and its constant impinging on our young people may, at least partially, be responsible for some of the changes that I noted earlier not only in increased rates of youth violence overall, but particularly in rates of violence by young women.

My message is, thus, that we need not only to address the incredibly high rates of violence and injury which affect poor African-American inner-city males, but we need to address violence in a more fundamental and comprehensive way in our society. Children do not particularly like being violent. They aren't born violent. They don't like living with violence. But children act and are acted upon by our society in ways which lead them to get hurt and lead them to hurt others.

I will mention a program that we have developed in Philadelphia which is funded by the Robert Wood Johnson Foundation and will be starting up over the course of the next 6 months. It is a program of intensive intervention with 6th graders entering middle school where adults from their community will undergo intensive training in the recognition of risk behaviors in youth, particularly around violent acts, and how to work with youth to provide positive role models.

One of my colleagues has said, "Kids in our community need to talk to adults," which I think is very simple but very eloquent. The idea of adult role models for children who understand conflict, who understand its relationship to violent behaviors, and who can talk to children I think is a critical point. We need to have very direct consultation and discussion between adults and children in schools, in recreation programs, on television, in Head Start programs, and probably even in day-care centers. We need to teach adults how to recognize the models that they create for young people and to make those models non-violent ones in America.

Thank you.

Chairman GLENN. Thank you very much.

Our last witness on this panel, Dr. Deborah Prothrow-Stith, Assistant Dean, Harvard School of Public Health. Dr. Prothrow-Stith?

## TESTIMONY OF DEBORAH PROTHROW-STITH, M.D., ASSISTANT DEAN, SCHOOL OF PUBLIC HEALTH, HARVARD UNIVERSITY, CAMBRIDGE, MA

Dr. PROTHROW-STITH. Senator, thank you so much for this opportunity and for your interest in a multidisciplinary approach to this problem.

The problem of violence in America is obviously overwhelming, and there are some who approach it primarily as a criminal justice problem who have decided—and James Q. Wilson and his followers are in that group—that the only thing we can do is accept the inevitability of it and just get the wicked among us away. And I think you are taking a giant step forward in looking at this as a multidisciplinary problem and also saying that it is preventable. That is the essence of my testimony.

If you look at this comparison so graphically provided by the Centers for Disease Control, there are some questions that will come to mind. Why is the United States so violent, and why do we stand out in that way?

I will attempt to address that question, but also I would like to say that one of the major things that that graph does for me is to say that violence is preventable. It is not inevitable. If it were just a part of human nature, you would expect the rate of violence in other countries to be very similar to our rate and a very narrow margin of variation. And that is not the case, and I think that is probably the strongest indicator that we have that we are doing something wrong here in the United States.

When we start trying to explain that over-representation, guns comes to mind immediately. There was a comparison of Vancouver to Seattle and the homicide and assault rates, and almost all of the difference, the four and five times higher rates in Seattle of both assault and homicide had to do with firearm assaults and firearm homicides. And I think the issue of handguns has to be squarely on the table, and it is the thing that makes the United States different from a lot of countries.

Now, on that list, for instance, is Sweden, and in Sweden there is a military gun in almost every household because of enrollment in the army. So it is guns, handguns, but we have to look at some other things about the United States.

The issue of chronic urban poverty has been raised in a number of ways, and it is a related issue and an extremely important one. If you look at high homicide rates, they are almost all in very poor urban areas and chronically poor areas. And in that regard, that is a factor that we have to address.

The third reason that I would raise, which I think is extremely important, is the fact that in the United States we just have a "make-my-day" attitude. We are infatuated with violence, and we teach that to our children.

I think my colleagues both in addressing family violence and in addressing television violence have pretty squarely put it on the table. That is how we teach our children that violence is the hero's way to solve a problem, that violence is successful, that it is rewarded. And if you think about the movie and television violence, you have a hero that is never hurt very badly, always there for the sequel to the movie or next week's television show. It is a very glamorous, unrealistic view.

I want to share one scene from the movie "Total Recall," because its superhero, Arnold Schwarzenegger, is a physical fitness hero for this country. In that movie, not only does he shoot his wife in the head and make a crack saying, "I guess you can consider this a divorce" as he walks out the door—he did find out that she was a spy, by the way, and she was trying to kill him, so that justified his violence and the humor related to it. But later on in the movie, he is in Grand Central Station, and there are people coming and going. It is a chase scene, and people are shooting. And a man next to him gets shot. He uses the body of the man to shield himself against the bullets as he goes up the escalator. And our children watching that movie are thinking, Oh, wow, he is really smart.

He gets to the top of the escalator. He tosses the man to the side. He makes another rather wise crack about having a bad day, and he is off.

There is no pain. There are no tears. There is no sorrow, no showing of the man's family left without a father or husband. That kind of glamorous violence without pain is what our children are watching on television and in the movies, and I think the data show very clearly that it is related to the problem.

But that is not the only way our children are taught that violence is an OK way to solve the problem. Parents in our disciplinary practices are sometimes overwhelmed, and we use violence to discipline our children. Yet another message that it is an OK way to handle anger.

In that same model of family violence, you have parents who tell children, "You go back outside and fight. You see, we don't want a wimp for a child." So we are telling our children, "You hit, you hit back, you hit harder." I have had kids in the classroom say to me, you know, "My mom is going to beat me if I don't go beat him up."

And it is not just parents. Peers, particularly teenagers, have learned that violence is entertaining, that it is what they want to see, so they encourage each other to fight. They pass rumors, they instigate. They say "3 o'clock on the corner," and you have got a crowd of kids there all ready to watch a fight.

In almost every arena, we teach our children that fighting is expected, it is successful, and often is justified. And I guess that would for me begin to explain that difference, and our solutions have to begin to address those issues: guns, the kind of chronic urban poverty, as well as this make-my-day attitude that we have in this country.

I would like to close by offering a comment about public health and what I think public health, as somewhat of a newcomer on the block, has to add. You asked a question earlier about the role of the Justice Department and its potential for prevention.

As a public health person, the model that we have used to reduce smoking in this country is the model that I bring to this issue of violence. Thirty years ago we thought smoking was glamorous. We used to stand in front of the television and I, with those candy cigarettes, would imitate the movie stars and the TV stars because it was a beautiful thing to do. Now it is offensive and unhealthy, and our behavior has changed as well.

In those strategies, you have primary prevention, secondary prevention, and tertiary prevention. Criminal justice by definition is, at best, secondary prevention, and most of it, the incarceration and punishment, is tertiary prevention. Secondary prevention has to do with high risk, identifying early and offering strategies. With smoking, it is what you do for people who smoke but don't have lung cancer. So you offer hypnosis, group therapy, Nicorette gum, Nicorette patches, all of the ways to help them change behavior.

But what public health adds is primary prevention, which is what you do for people who don't smoke. It is education. It is information. It is creating a social norm against smoking so that people don't start smoking.

In this society, we need some primary prevention around this issue of violence because we are raising children and teaching them to use violence. It involves education in the classroom, both of parents and of students and how you parent. It involves working with the media to allow changing the images. It certainly involves creating a social norm against violence.

I share Curtis' optimism. He ended by saying, "If we all get together, we really can do something about this problem." This is not an inevitable problem. This is a preventable one, and I am glad to be here. Again, thank you for your leadership on this.

Chairman **Glenn**. Thank you. I wasn't entirely joking and I don't mean to put you professionals down when I say I should have ended the hearing right there with Curtis, because he just about said it all in that one little statement.

Let me ask a general question, and I mentioned this earlier. It seems to me we realize we don't intervene early enough and there are not enough positive-forming influences on young people to take the place of what has happened in societal changes with the family. Fifty percent of marriages end in divorce, or more than that. We have single-parent families, now a big growth in no-parent families. We put kids in foster homes, maybe back in with a relative and back in foster homes.

Families are spread out all over the country. It is not unusual to be like my own family. Here we are in Washington. We have our son and his family in California, a daughter in St. Paul. Annie's mother was in Columbus until a couple of years ago when she passed away.

That is not an unusual family these days, the point being that some of the forming influences of family or a family being close, relatives being close, if they didn't work right, we didn't move around as much. The community that you grew up in, whether it be a community within a city or a small community like Annie and I grew up in back in Ohio, are all forming influences where you are expected to come up to certain standards of the group.

Now we have gone where there are few, if any, standards of the group. The parents don't have standards to enforce. It would seem to me that a logical way to go would be to say if that forming influence is not present in the family anymore, then it should be in something like the clubs, or on the school like we discussed with Carol Beck a little while ago. It should be something that keeps them together so they feel like they are part of a group. I suppose Boy Scouts are like that. Maybe that is too simplistic for some of the problems we are up against now, although I think Boy Scouts and Girl Scouts are still a very good influence on millions of young people.

I had a group of Girl Scouts who wanted to come down to my office and work on their Space Merit Badge yesterday. So they came in and talked to me for half an hour yesterday afternoon. I had a great time with them.

There are groups that are setting norms and standards that the kids then feel a responsibility to live up to.

Am I completely off base, or is this what we have to deal with, and then wait until the kid is truant or has already gone over the brink? It may be at 8 years because of TV, Dr. Eron—I don't know why 8 years is magic. I wanted to come back and ask you something about that. Why does the focal point seem to be around 8 years?

But wouldn't this be an approach where we try and have community groups or something that kids belong to that supplements the lack of direction that they are not getting at home, whether they live there or not. How do we do that? Isn't that a natural way to go? Has anybody tried moving along the line that gives kids some guidance rather than waiting until after the wreck when they are not showing up at school and the truant officer is out after them, or they are shooting each other up at Jefferson?

How do we do that? Isn't that the basic problem?

Dr. ERON. Well, we have to make these kinds of activities for teenagers as attractive as getting $1,000 a day dealing drugs.

Chairman GLENN. That may be a little tough.

Dr. ERON. Yes, that would be tough.

Dr. PROTHROW-STITH. I don't think they have to be as financially attractive, though, because often they respond to just the attention and the investment of adults.

Dr. ERON. Well, certainly. Certainly these two young men who were here today demonstrate that there are other ways.

Chairman GLENN. We are born, we have a mother. That is our first attachment right there. Then it spans out a little bit, and then there is a father in the family, and then it expands out, and more members come into the family group. These are all forming influences.

Then we get out to where they are just about to start school and we wind up with so many other influences whether it is TV or something else, that unless there is a strong bond of some kind, the whole original strucure starts to fall apart. Now, that seems to me to be the point where intervention should come into play. That would be my early intervention; trying to define, if it can be defined, where that occurs, whether it is 2 years of age or 3 or when they get to school.

Have there been any studies along that line of how we supplement this lack of parental guidance, that with other things like clubs, Boys' Clubs, Police Boys' Clubs, Girls' Clubs, whatever is around?

Dr. SCHWARZ. We certainly do that in a way with Head Start.

Chairman GLENN. Yes.

Dr. SCHWARZ. That starts early with kids. It provides them structure. It provides them with an important model. The question is what happens after Head Start that is more comprehensive in school. In a sense, it follows kids through school for a period of time, providing structure for them.

I worry that the kids who I see have parents who, from a very early point, teach them, in a sense, antisocial behaviors because the parents are so embattled. It is so difficult for the parents to eke out a living, eke out a life, that they move from shelter to shelter. The survival skills that you need shelter to shelter are ones that really are individualistic and not group-forming. That kind of influence is fundamental, it is early, and we have to change that in some way, stabilizing what you say the mother-child diad early on. Stabilizing that diad and providing a stable model early I think is really important.

Chairman **Glenn**. And having something that supplements it as the kids' interests broaden out into the community.

Dr. **Schwarz**. Absolutely.

Chairman **Glenn**. Somewhere out here, the kid gets beyond the depths that the lack of parental direction is taking him, and we have to have something to supplement it at that point, whether it is a teacher or whether it is——

Dr. **Schwarz**. Little League.

Chairman **Glenn** [continuing]. A YMCA or a club or a police club, Boys' Club, Girls' Club, Boy Scouts, Girl Scouts, it seem to me these clubs have to supplement some of the direction that becomes lacking at an early age.

Dr. **Prothrow-Stith**. I think that is important even when families are pretty healthy, single-parent or 2-parent families. I have found and echo Ms. Beck's comments that parenting is the most difficult thing I have done, and without a community of others who are helping, it is even more impossible.

So I would underscore your point not only when there is a family problem, but even for children who are healthy and in healthy families. Having a healthy community is extremely important. As they become teenagers, if the community is unhealthy, then that can cause them to be unhealthy and the family to be unhealthy. And I think we are seeing a lot of violence among children who are loved by their family but are caught up into a very unhealthy community.

Chairman **Glenn**. My time is up, and Senator Akaka is here for questioning also. I hate to see this gap in students schedules from 2:30 p.m. to 6 p.m.

Dr. **Prothrow-Stith**. That is critical.

Chairman **Glenn**. That is a time period where there could be something going on, whether it is a club or a group that develops a group responsibility along a healthy direction instead of out shooting people down in the street.

Senator Akaka?

Senator **Akaka**. Thank you very much, Mr. Chairman. I am sorry I was not here to hear all of you, but I think you certainly identify the problem of violence very well.

You also mentioned and spoke about the areas of prevention, and I wonder about the level of treatment and rehabilitation that these young people are trouble. What happens to them? Are there institutions today that can do the job as another level to help?

I am glad, Dr. Prothrow-Stith, that you mentioned about the need of public health as something that can be done in years to come or in time to help the problem. I am concerned, and I am sure all of us are concerned, about what about now. The young men that were here earlier were talking about now, what is happening right out there in the community. And the huge problem here is there are so many parts to this that it is difficult for them to really get into one part of it.

I wonder about the area of institutions, whether you have any comments about that.

Dr. PROTHROW-STITH. I had the opportunity to visit the residential treatment facility for incarcerated violent juvenile youths in Massachusetts. It is a State facility. And it was modeled after a re-parenting program. The guards called themselves "dads." Each inmate had his own room. There were ways to gain privileges. It was a very structured home-like environment. Obviously they were in jail, but there was this re-parenting attempt.

The schools had a one-teacher to four-students ratio. There was job training and job placement, and this program cut down the recidivism rate dramatically for these young men. It cost $65,000 per young man per year, and those were 1987 dollars.

I appreciate very much your interest in what we would call secondary or even tertiary prevention. But if I were a cardiothoracic surgeon and I said to you I was going to reduce heart disease in the United States by doing better heart surgery, I was going to get platinum-tipped catheters and color monitors in the operating room, you wouldn't believe me. You would say if you are going to reduce heart disease, you are not going to do it by treating people with surgery. You are going to do it by dealing with smoking and exercise and diet and all those behavioral issues.

Sometimes we say that takes too long, we want something now, and I would just interject that the turn-around that young people show when an adult invests in them in a preventive way is not only immediate, but it is escalating over time and definitely worth our beginning as a part of this overall effort.

There are some institutional programs which work, yet we wait until somebody has been convicted of a violent offense to offer that kind of solution. What could one school do with $65,000 for 500, 600 students, talking of after-school programs?

Senator AKAKA. You talk about what can institutions do. I think by the time institutions come into the picture, it is already too late. Aggression is a behavior that is learned very early in life, and it is learned very well. The payoff is tremendous. Punishment for this kind of behavior, sporadic, really doesn't help.

What you have to do is teach children in the first place, before they get these awful learned habits, you have got to teach them in the first place that this is not a way to solve life's problems, this is not a way to get ahead. And this can be done in the schools, it can be done at home, and within the peer group. And I think we have to attack the problem on all those fronts before young people are placed in institutions. By then I think it is too late.

Dr. SCHWARZ. Certainly treatment works if the person who is being treated is labeled as abnormal or has some conditions. I think that it is very difficult to say that we are going to treat aggressive or violence-involved youth when in their environment the behavior isn't really abnormal. And convincing them why they are being stigmatized is really very difficult, and I don't think it is really productive.

Dr. **Prothrow-Stith**. Not only is their behavior not abnormal, but it is rewarded. Look at boxers and superheroes and the way we pay for violence in this country. Children aren't blind to that. They see that.

Senator **Akaka**. Thank you very much for the time.

Chairman **Glenn**. Thank you, Senator Akaka.

Just one follow-up. Time is getting away from us here, and we have another panel yet. I appreciate their forbearance in being willing to stick around this morning.

It seems to me violence isn't just with young people. They carry it to an extreme, but we have violence at all levels, and it is more common in our movies and in TV and even on radio to some extent. Have we done studies on other nations as to whether TV and movies have this effect in other countries? Is this something that is going on worldwide? Is it just in our society with our frontier mentality, and Rambo, shoot-'em-down, go get 'em? Is there a difference between urban communities and rural as far as TV? If TV has this pernicious influence, wouldn't it also have it on farm kids as well as city kids? Have there been studies along this line?

Dr. **Eron**. Yes, indeed, there have. The studies that I have described which we conducted in five different countries show the same effect with young people. It says that there is a causative effect of television violence——

Chairman **Glenn**. Is it just the kids, though, Doctor, or do their parents and everybody across the board become a little more violent?

Dr. **Eron**. No. I think it is primarily with children. I think adults can see whatever they want to on television or in movies or read whatever they want to read. It does not have a long-lasting effect on adults. Watching violence might have a temporary physiological arousal, but it dissipates very quickly and has no effect.

With children, however, especially children under the age of 8, it has a very important effect because the children, for example, don't distinguish between fantasy and reality. They think that what they see on television is real life, that this is what is going on, that this is the way you solve problems, everybody is doing it. It is on television, and especially for inner-city children who see the violence all around them in their neighborhoods and their home, then watch television where it is validated for them that this is a normative way of behaving. These attitudes stick with them then throughout life.

Chairman **Glenn**. Does it start earlier than that? There is nothing more grisly than some of Grimm's fairy tales if you really think about the details of them. That involves 2-year-olds, 3-year-olds.

Dr. **Prothrow-Stith**. Yes, well, the cartoons are very——

Dr. **Eron**. Well, Grimm's fairy tales——

Chairman **Glenn**. Humpty Dumpty fell off the wall and got splattered, and somebody, the wolf, huffed and puffed and ate them all up. Talk about violence.

Dr. **Eron**. That is right. I think fairy tales are very violent. The only thing about fairy tales is you read them or they are read to you. You don't watch this going on.

Chairman **Glenn**. There is a pretty grim mental image that goes into the kid's mind.

Dr. **Eron**. It is, but——

Dr. **Prothrow-Stith**. There have been attempts to look at the difference between reading and watching it. And the mental images are much different than—they often aren't as gross and as fatal or deadly. And mentally the child will even think about alternatives: well, maybe he really didn't die; maybe he's just sort of down at the bottom of the hill. Whereas, when you watch it, it is very clear that the—but the heroes have—I mean, the violence—the hero today looks like the man next door or the woman next door. They are not flying around with a super cape. They aren't walking around in robo uniforms. There aren't any super-human qualities. They are not cowboys and Indians. They are not slaying dragons. They look like people next door, and they are shooting people who look like people next door. And I think that is a very different quality to the violence.

If I could make one other point, you asked about sort of urban versus rural. The issue of chronic urban poverty can be teased apart, and there are a lot of things that come out, the classism that these kids experience, the racism that they experience. Obviously we know something about poor children and their television habits. They tend to watch more television, which is an interesting factor when you start looking at this issue of poverty.

Handguns seem to be much more available, and while in rural settings you have rifles, it is a bit different kind of gun. And then the other factor worth mentioning is that often you have a male absent, an adult male absent in the families of poor children, and there you don't get a counter to some of this superhero macho business on a day-to-day basis.

Chairman **Glenn**. Do you think this figure that was in the *New York Times* on Sunday from the Casey Foundation that 9.7 percent of kids in this country are no-parent kids. Not single parent; 9.7 percent have no parents, are living either in a foster home or with an aunt or uncle or somebody, but there is no parent. That is almost 10 percent of kids. Is that a valid figure, do you think?

Dr. **Harrell**. Large numbers of our children are in poor families, a disproportionate—they have larger families, and it is possible. I don't know that number, but it is possible.

Chairman **Glenn**. That figure sort of shocked me when I read it on Sunday. I have used up all my time again.

Danny, go ahead, and then we will move on to the next panel. Do you have any other questions?

Senator **Akaka**. No, thank you.

Chairman **Glenn**. Fine. We are going to have to move on here. We may have some additional questions to give to you, and I would appreciate your getting back to us with your responses to them.

Our next and final panel—and I would say to this panel, I very much appreciate your patience this morning. I am sorry we have taken so long, but it has been an interesting morning. We have Gail Breakey, a registered nurse, who is director of the Hawaii Family Stress Center in Honolulu; the Hon. Ray Miller, a good friend of ours from Ohio, Ohio House of Representatives, Chairman of the Ohio Commission on Minority Health, accompanied by

Cheryl Boyce, who is Executive Director of the Ohio Commission on Minority Health; Ronald Slaby, Dr. Slaby, a senior scientist, Education Development Center, and professor at Harvard University, accompanied by Renee Wilson-Brewer, Dr. Brewer, Education Development Center at Newton, Massachusetts.

We welcome all of you this morning, and, Ms. Breakey, if you would lead off, we would appreciate it.

## TESTIMONY OF GAIL BREAKEY, R.N., M.P.H.,[1] DIRECTOR, HAWAII FAMILY STRESS CENTER, HONOLULU, HI

Ms. **Breakey**. Thank you very much for the opportunity to be here this morning. I would like to get back to the issue of early intervention and the relationship between child abuse and later violence.

Lizbeth Schorr, in "Within Our Reach," I think spoke very, very eloquently about "rotten outcomes" of childhood, and that one of those rotten outcomes certainly is youth violence, and it is very much related to abusive and neglectful childhoods.

There is quite a bit of research that links early abuse and neglect with violence. Kempe's associate, Dr. Brandt Steele, in Denver did a study in which he saw that out of 100 consecutive first-time offenders, 86 percent of them had been abused before the age of 2.

The Western Psychological Association did a study and saw that 100 percent of the most violent inmates at San Quentin were abused as young children.

I would like to look a little bit about that actual process. What is it that actually is the process of early abuse that leads to later violence?

Most severe abuse and neglect occur in children under 5 years old, and the median age of death in this country due to abuse is 2.6 years. Most abuse starts very early in the first year of life.

Leading research on early child development shows that the foundations of personality—the way a child relates to himself and other people—are definitely established in the first 2 years of life, that the key emotional and development stages occur in the first weeks and months in what we in the field call bonding and attachment with the caregiver, usually the mother. These are years of very rapid and critical growth so that abuse and also serious emotional neglect and just lack of attentiveness to the child can be very damaging to the psyche, causing damage which is very difficult to reverse.

Ernest Wenke, the former director of the National Council on Delinquency Research, noted way back in the 1970's that "Thousands of children reach elementary school after much emotional damage has been done to them by hostile and indifferent homes."

So the composite picture that is seen by educators and human service providers is that these children are so fearful and disorganized by the time they reach school that they have very short attention spans, they tend to have poor language and cognitive skills, low self-esteem. These children are often either very aggressive towards other children or they are very withdrawn, showing little interest in their environments. They are labeled as troublemakers in school, and as they grow older, the gap widens between them and other successful students.

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[1] The prepared statement of Ms. Breakey appears on page 133.

These children are more at risk for getting into trouble with the law. These are the kids that are going to be truant, out on the street, and getting into trouble.

The Hawaii Healthy Start program was actually commissioned by our Senate Ways and Means Chairman, Senator Mamoru Yamasaki, as an effort to prevent delinquency by averting early abuse and neglect among at-risk families. He also saw the link between early abuse and later social problems, and particularly crime.

This program is a home visiting program. It reaches out to high-risk families while they are still in the hospital after having given birth to a new infant. And we are looking for families that have such problems as prenatal substance abuse, families that have already been involved in violence, single-parent families, families with no support systems, the kinds of families that are definitely going to be having difficulties in parenting.

Our identification process is aimed at finding all of the at-risk families in a given geographic area and then sending a home visiting team which is actually located in the area to visit these families over a 5-year period.

Our demonstration program saw 241 families over a 3-year period. There was no abuse and only four cases of neglect amongst those families over that 3-year period. There was also no abuse for 99.7 percent of the families who were identified as not at risk. Based on these outcomes, our State legislature supported expansion of the program to current levels at which seven private agencies are providing services that reach nearly 50 percent of the at-risk families in the State.

With the expanding programs, we looked at outcomes for 1990 and saw that out of 1,204 families enrolled in this program, there was a 99.7 percent success in non-abuse and 99.5 percent success rate in non-neglect amongst these families.

Also for the cohort of children that had graduated from our first Healthy Start program, we saw that all of them were fully immunized, that two-thirds of them had been enrolled in Head Start, that family functioning had improved significantly on many indices, including reduced drug abuse and reduced spouse abuse.

I would like to just mention a little bit about how the program works. As I mentioned, we do identify the families in the hospital at the time of birth, and the family is referred to a home visitor. The home visitor visits the family and spends quite a bit of the first few weeks of intervention in just establishing a trusting relationship with that family. These are families where themselves there has been abuse in their childhood. They tend not to trust other people and not to trust other services.

The worker helps them to get on public assistance if that is necessary, helps them to enroll in public housing. We deal with a number of homeless families, to become involved in a substance abuse program because this also is a problem amongst these families.

We also us a child development specialist on the team because, in addition to the actual abuse, what we are looking at is trying to promote very positive early child development considering that so many of the developmental issues occur in the first couple of years. So the child development specialist trains the home visitors, also goes out and does initial assessments on the children, and does pretty much very thorough tracking of the development of that child in the first 5 years of life.

We enroll a number of the children in child development centers and try to get all of them, as I have mentioned earlier, involved in Head Start. So that, in summary, Healthy Start has really become a fairly comprehensive approach to dealing with the problems of these families. It is not just dealing with prevention of child abuse. It is dealing across the board, across a number of categories in looking at the issues of these families and the children.

In terms of costs, the average cost for home visiting for a family per year is about $2,200 to $2,500 per family. We have two cost charts that we share with our legislators. One of them points out the fact that it costs about $30,000 to incarcerate a juvenile or an adult in our criminal facilities. Also, our other chart shows that the annual corrections budget for Hawaii is about $183 million, that we are spending about $40 million per year on our child protective services, and that Healthy Start, currently reaching half the population of newborns, is costing about $6.4 million. When Healthy Start is implemented statewide, which we hope will be in the next couple of years, it will be costing about $12 million, which is still a bargain for our State and a tremendous investment in children.

You may be interested to know that the California Consortium on child abuse prevention is looking at this program and that they are doing a feasibility study of setting a program which they are going to call Safe Start. The U.S. Advisory Board on Child Abuse and Neglect recently recommended universal home visiting as their first priority in dealing with the child abuse crisis in this country.

The National Committee on Prevention of Child Abuse is going to be entering into a partnership with the Ronald McDonald's children's charity, and they are going to be looking at taking this kind of universal home visiting program and replicating it in 24 States with a view to laying a foundation, then, for universal home visiting and also stimulating advocacy for similar statewide programs.

Thank you.

Chairman GLENN. Thank you very much.

The next witness, the Hon. Ray Miller, Ohio House of Representatives, and Ray heads up the Ohio Commission on Minority Health.

Let me just say, too, that, Ray, we have known about your work in this area, not only just this specific area but as a member of the Ohio General Assembly's Finance Committee and chairman of the subcommittee that appropriates the budget for all of our Ohio human service agencies. So he plays a very vital role in our State of Ohio. I think we look at our State almost as a microcosm of what is in the whole country. If you squeezed the United States down into a small area, we have some of about every societal problem, every old industry, new industry, ethnic and other problems that any State has in the whole country. So it is a particular pleasure to welcome him today. He has had a lot of experience in this area.

Ray, we welcome you. I am sorry we have kept everybody delayed so long today, but it has been an interesting morning.

## TESTIMONY OF HON. RAY MILLER,[1] MEMBER, HOUSE OF REPRESENTATIVES, STATE OF OHIO, AND CHAIRMAN, OHIO COMMISSION ON MINORITY HEALTH, COLUMBUS, OH; ACCOMPANIED BY CHERYL A. BOYCE, EXECUTIVE DIRECTOR, OHIO COMMISSION ON MINORITY HEALTH, COLUMBUS, OH

Rep. **MILLER**. Thank you very much, Senator Glenn. I really do appreciate having the opportunity to present testimony before the Committee this . . . afternoon.

Chairman **GLENN**. You had to do that to me, didn't you? [Laughter.]

Rep. **MILLER**. You thanked us for our patience. I would also like to thank you for your patience, Senator Akaka, and for your interest in this area.

I would also like to commend you, Mr. Chairman, for your honesty and integrity and commitment in this area. We come and present testimony, and everyone is wondering what is going to be done with the information that the Committee now has. And I feel good, I feel optimistic, knowing that you are the Chairman and that you are the person who is at the point here.

Chairman **GLENN**. Thank you.

Rep. **MILLER**. Your record has shown that something is going to be done and that we are not simply presenting information for the record.

I am joined this morning by Cheryl Boyce, who is our Executive Director of the Ohio Commission on Minority Health, and she is highly regarded throughout our country. If there are questions that I might not be able to respond to directly, she certainly will.

No one is exempt from this issue. This issue of violence knows no race or gender, age, locality, or economic status. The impact of violence is greater on some, but all of us are affected. And in a more real way than ever before, we are all potential victims, as has been mentioned by the young witnesses that we had this morning who were very informative and very sobering in their thoughts.

Mr. Chairman, this is not an issue that should be addressed for political point-making, as you know. There are people who have had their lives shattered because of the loss of a loved one. Their pain, anguish, and grief is too great to be manipulated for political gain. That is, once again, why I am so pleased that this hearing has been convened to address this serious issue, and I am hopeful that you will design a national attack that goes beyond what we have seen too often as pontification and hype, and that we get to the root causes of violence.

Before I take my alloted time to share with you how the State of Ohio is successfully addressing the issue of violence reduction, I want to briefly inform you of a conversation that I had with one of our business leaders just yesterday morning. I told her that I would be presenting testimony before your Committee and talking about violence amongst our youth. And she said, "What is happening to our fine city?"

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[1] The prepared statement of Ohio Rep. Miller appears on page 148.

As you know, in Columbus, we are a Midwestern town. We are viewed as an all-American city. But last year we had 140 murders; already this year we have 25 murders. And so what is happening, as you stated in your opening remarks, Senator, is the economic situation is very real here.

In our State, we have a half-billion dollar shortfall in our budget for next year. We are facing very difficult economic times. We have 600,000 people receiving public assistance. One out of every nine Ohioans receives food stamps. As you know, 22 percent of our children under the age of 6 are living in poverty, and 49 percent of all African-American children are living in poverty. The adolescent pregnancy rates are soaring in out-of-wedlock births. So the traditional family unit is disappearing more and more every day.

We see the violence in movies, as has been talked about, and in television and the music industry, creating—and I was looking at the article there from the *Washington Post*, creating a culture of violence. This most deadly drug that has ever arrived on the scene, crack cocaine, is infesting our communities, and anyone can purchase a gun at the drop of a hat.

So that is what is happening in our cities, and that is why violence is on such a rise: (1) poverty; (2) the disintegration of the family unit; (3) movies, music, and the television industry; (4) drugs; and (5) guns.

Finally, how is the State of Ohio responding to the issue of youth violence? First, we have an excellent structure for dealing with minority health issues and dealing with this issue of violence in that the Commission on Minority Health has representation from health care professionals, from researchers in the health care area, from our Department of Human Services and Health and Mental Health and Mental Retardation, and the Department of Education. So we are properly structured statewide to address this issue.

Since the commission's inception, we have funded 10 diverse efforts to prevent and reduce violent behavior. First, although a number have shown promise of meeting the goal, one has demonstrated significant impact. The Positive Adolescent Choices Training project, developed by Dr. Rodney Hammond at Wright State University in Dayton, is a health promotion/risk reduction program developed in respond to the need for violence prevention programming targeted specifically to African-American adolescents. The project builds on research in primary and secondary prevention programs. This structure suggests that such interventions are most successful with economically disadvantaged and minority youth when developed with sensitivity to racial, ethnic, and cultural issues.

The commission now funds Wright State to implement a demonstration project aimed at teaching parents these skills. And we have talked about the importance of parental training and involvement. In spite of the success with adolescents, they found adolescents returning home from school to violence-laden environments.

The parent component, called IMPACT, after 6 months of operation is indicating remarkable results.

Subsequently, the commission has received a 3-year grant from the Maternal and Child Health Bureau for the Positive Emotional Capacity Enhancement project for $450,000 over 3 years to provide violence prevention training in Ohio, regionally, and nationally.

Ohio's strategy is designed to be deliberate and comprehensive. We feel very strongly that if you don't know where you are going, any road will get you there, so we want to be very clear in having a comprehensive plan that everyone buys into. Between 1987 and 1992, the commission provided funds to replicate existing programs which showed promise and develop community-based initiatives to establish diverse approaches to violence prevention. Projects focused on culturally relevant parenting skills, a rape prevention initiative, violence prevention curriculum, teaching negotiating skills with anger, diversion, and self-actualization programs in both correctional institutions and juvenile justice facilities.

By 1991, a partnership was forged between the commission and the Centers for Disease Control, the National Office of Minority Health, the Ohio Department of Health, the Office of Congressman Louis Stokes, and Morehouse School of Medicine. This effort targeting blacks and Hispanics resulted in a 2-day symposium for 250 representatives of multidisciplinary professional groups and indigenous leaders. The symposium resulted in consensus recommendations including areas of victimization, gang violence, ethnic variations in violence, the criminal justice system, and political responses, which formed the core for the beginning of Ohio's strategy to prevent violence statewide.

The impetus of that collective effort immediately resulted in the creation of local initiatives, including one in Columbus that I had formed, the Columbus Violence Reduction Action Coalition, and a number of other campaigns in every major city in our State.

Celebrated since 1989, we have put in place a Minority Health Month that is highly visible, deals with health promotion and disease prevention, and has grown from 87 events to now more than 300 events in just 4 years.

The inclusion of violence prevention as a community-focused activity increased from no activity in 1989 to more than 30 scheduled events, amongst our Minority Health Month activities, for 1992. This increase attests to the community's perception of the severity of the problem as well as the perception that the community is capable of preventing violence.

The next statewide phase of the plan is scheduled to occur in June 1992, with funds secured from the Gund Foundation of Cleveland, the Commission on Minority Health, the Ohio Commission on Dispute Resolution and Conflict Management, and the Spanish Speaking Affairs Commission.

In addition, a comprehensive synopsis of national, State, and local funded and non-funded initiatives has been compiled. Finally, the commission will implement Phase III, capacity building, on October 1-3, 1992, at a national conference. "Prescription for Good Health: A Vision of the Future of Minority Health" is what we have titled it.

The 3-day conference includes comprehensive violence prevention focusing on experientially based training. Minimal proficiency levels for those models selected by the community assures that on October 4th, Ohio will face its most significant challenge: securing funds to implement a violence prevention plan in our State.

Unfortunately, violence prevention is not an exact science. If there was one etiological agent among a single population, a single targeted strategy might be appropriate. What we know is that the reasons and occurrences are varied, demanding diverse strategies encompassing education, training, employment, living conditions, habilitation, rehabilitation, health, medicine, mental health, the criminal justice system, clergy, and the community itself must be put in place.

This tragic situation, Senator and members, did not manifest itself overnight, and results will not be achieved instantaneously. High visibility glitz campaigns lacking substance must be avoided at all costs. We have in our testimony very specific recommendations, most of which have already been alluded to today, so I am not going to take time covering those. But the momentum gained by the Centers for Disease Control, the Office of Minority Health and others is appropriate and necessary.

It is easier to those entrenched in the States to identify the problems than to develop the capacity to implement strategies for solutions. With the assistance of Dr. Vernon Houk, Dr. Mark Rosenberg, and Dr. Reuben Warren from the Centers for Disease Control, Dr. William Robinson and Dr. Samuel Linn and Gerrie McCannon from the Office of Minority Health, a forum was provided to Ohio to explore successful models and develop a comprehensive prevention strategy. It clarified what we must do to begin to train professionals and indigenous leaders to provide services.

Finally, Mr. Chairman and members, there are millions of Americans who are hoping that you have the will and commitment to fashion solutions which, in fact, will reduce violence in our Nation. Now is, indeed, the time to act forthrightly and aggressively, and I certainly appreciate once again your convening this important hearing.

Chairman GLENN. Thank you very much.

Our last witness, Dr. Ron Slaby, a senior scientist, Education Development Center and a professor at Harvard University.

Dr. Slaby.

## TESTIMONY OF RONALD G. SLABY, Ph.D.,[1] SENIOR SCIENTIST, EDUCATION DEVELOPMENT CENTER, NEWTON, MA, AND LECTURER AND INSTRUCTOR, HARVARD UNIVERSITY, CAMBRIDGE, MA; ACCOMPANIED BY RENEE WILSON-BREWER, Ph.D.,[2] EDUCATION DEVELOPMENT CENTER, NEWTON, MA

Dr. SLABY. Thank you, Senator, for the opportunity to address this Committee and particularly to address it from the point of view of prevention efforts, which I think are sorely needed in this country.

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[1] The prepared statement of Dr. Slaby appears on page 156.

[2] The prepared statement of Dr. Wilson-Brewer appears on page 162.

I, as a developmental psychologist, have been carrying out research in the area of violence and how to prevent it for some 20 years and, nevertheless, was staggered by some recent data that were compiled by FBI statistics and that characterized our lifetime odds of dying by interpersonal violence in America. Our lifetime odds of dying of interpersonal violence are: 1 in 496 white females in America will die that way; 1 in 205 white males will die of interpersonal violence; 1 in 117 black females will die in their lifetime of interpersonal violence; and a staggering 1 in 27 black males will die of interpersonal violence. One in 27 black males will die that way.

We normally think of dying by heart disease, by motor vehicle injury, by cancer, by AIDS, but we don't tend to think or do very much about trying to prevent interpersonal violence which accounts for all of these deaths in America.

What I would like to do—we have heard a great deal of testimony——

Chairman GLENN. That is about 4 percent.

Dr. SLABY. That is right.

Chairman GLENN. Will die by——

Dr. SLABY. In their lifetime, lifetime odds.

Chairman GLENN. That is very high.

Dr. SLABY. We have heard a great deal of testimony this morning about the nature of the problem, and, indeed, the problem is staggering. What I would like to is to spend my time talking about some of the recommendations for solutions to the problem.

I have listed in my testimony a number of forums that have recently been held on this topic specifically addressed at how to prevent violence in America. I have made available some of those reports or citations of those forthcoming reports. Among them was Carnegie Foundation's Conference on Violence Prevention for Young Adolescents, and later my colleague Renee Wilson-Brewer will be able to address several documents that came from that conference.

In addition, the Centers for Disease Control's recent Forum on Violence in Minority Communities resulted in several papers, one of them published in the Public Health Reports with recommendations of how to prevent violence.

A third, which was already addressed by Dr. Leonard Eron, is the Commission on Violence and Youth which is right now preparing a report and has already received testimony from a wide range of people with experience in this area, the testimony of which is in summary form available from the American Psychological Association.

A fourth, I have just completed teaching a course at Harvard University's Graduate School of Education called Preventing Violence in America. I have assembled for that a number of resources and made those available.

But I would like to spend most of my time speaking about another forum which was organized by the Centers for Disease Control, a national panel on the Prevention of Violence and Injuries Due to Violence. As the principal author of the background paper on interpersonal violence for this forthcoming report, I was a member of a diverse panel which was selected through a process that I would like to briefly describe.

The panel was initiated by the National Centers for Environmental Health and Injury Control and by the National Institute for Occupational Safety and Health of the Centers for Disease Control. Over 150 experts in the field were polled for input to form these panels, and once the panels were formed, our violence prevention panel resulted in an interdisciplinary panel that spanned the various disciplines of criminal justice, of behavior science, of communications, of medical science, and of public health and of education.

Our panel then drafted several drafts of a report with recommendations specifically designed to prevent violence in America, and that report was disseminated and presented at the third national Injury Control Conference held in April of 1991 in Denver. Over 100 national reviewers then added input to that report, and that report is now in its final stages and should be available to you in the next 2 months, published by the Centers for Disease Control. I believe you already have a draft copy of the executive summary of that, which will soon be published in two different journals.

Our recommendations are briefly this: We focused first and foremost on the high priority recommendations for actions that can be taken that would be most amenable to preventative efforts, the points of leverage that we thought would do the most good.

In doing so, we realized that we were leaving out many other areas that could also be explored, but we decided to prioritize by putting our efforts into those that would stand to benefit the area the most.

The first major area of emphasis was the need to build an infrastructure to support a coherent and coordinated effort to prevent violence. Recommendations in this regard involved: improving the recognition, referral, and treatment of people at high risk for violence; empowering communities to address the problem effectively; broadening the training at all levels for violence prevention; improving our surveillance of the problem; and advancing the further development and rigorous evaluation of promising programs. Each of those recommendations is supported by very specific recommendations of what can be done to accomplish those goals.

The second major area, and the first area of special emphasis, is the need to, as we have heard already today, reduce firearm violence. Changes in this area were considered to be the most highly likely to produce immediate reduction in mortality from violence. The recommendations designed to reduce firearm-related violence included: promoting educational and behavioral change regarding the removal, limiting of youth access, and safe storage of firearms at home; creating technological and environmental change regarding the implementation and specific design and performance standards for both the domestic and imported firearm manufacture and sale; third, developing new legislative and regulatory efforts designed to eliminate the manufacture, importation, and sale of handguns, except in special circumstances, and to limit the access to firearms through national waiting periods, criminal record background checks, restrictive licensing for handgun owners, and excise taxes on firearms and ammunition to cover the public cost of firearm injury; also we recommended the enhancing of enforcement of existing legislation and regulatory efforts to reduce firearm violence; and, finally, increasing research to clarify further the risks and benefits of violence associated with access to firearms, as well as to alternative means of providing security for Americans.

A second special area of emphasis was the need to reduce violence associated with alcohol and other drugs. We heard this morning dramatic evidence of the connection between drug trafficking and violence, as well as between drug use and violence. We recommended in this regard: the decreasing of chronic use of alcohol and other drugs, particularly by persons at high risk for violence through proper identification and treatment of these persons and their problem; secondly, decreasing the initiation and experimental use of alcohol and other drugs, particularly by youth and others at high risk for violent behavior; third, changing the environment associated with the sale and trafficking of alcohol and other drugs that contributes to violence; and, fourth, conducting research to clarify further the mechanisms underlying the observed association between alcohol and other drugs and violence.

I might add that in this regard our panel was also looking at not only interpersonal violence but self-directed violence—that is to say, suicide and attempted suicide—and that recommendations in this regard that may help reduce one kind of violence stand a good possibility of helping to reduce the other kind of violence as well, not only interpersonal, but also self-directed violence.

A third special area of emphasis is the need to foster childhood experiences associated with the prevention of violence, as well as to reduce those both immediate and long-term risks of children who have risks of becoming involved as either perpetrators of violence or victims of violence or, indeed, of bystanders to violence who either instigate violence and step back from it or who passively accept violence or actively encourage it.

With regard to the need to foster childhood experiences to lower the risk of violence, our recommendations include: reducing the incidence of child abuse, as we have heard this morning, and providing proper treatment to victims through preventative intervention, identification, and treatment; secondly, developing and rigorously evaluating intervention programs for children, families, and communities designed to foster the skills, the values, and the behaviors needed to prevent violence; and, third, developing timely crisis intervention for families at risk for violence; fourth, conducting research to assess both the short-term and the long-term effectiveness of childhood interventions to prevent violence; and, finally, generating media experiences for children, youth, and adults to educate and to foster skills, values, and behaviors needed to prevent violence.

I would like to expand a bit on that last point, which has come up several times in the hearings this morning.

Research evidence indicates that whereas the media, particularly television and film, have for decades contributed to the problem of youth violence in America and have a number of times faced the Senate with regard to this issue, whereas they contribute to the problem, they also have the wherewithal to contribute to the solution. And perhaps the greater crime is that the media is not currently being used adequately to contribute to the solution of violence but, rather, to its problem.

The Children's Television Act of 1990 now requires broadcasters to serve the "educational and informational needs of children," not only through programming but also through non-broadcast efforts designed to "enhance the educational and informational value of such programming."

Congress has also specifically called upon broadcasters to take steps to solve the violence problem. Thus, we have in our recommendations asked the Federal Communications Commission to review as a condition of license renewal the efforts and the accomplishments by stations in becoming part of the solution to the violence problem in America rather than continuing to contribute to the problem.

Finally, I would like to emphasize that it is of the utmost importance that the Federal Government play a leadership role in helping to build a coherent infrastructure and to address each of these special emphasis areas: firearm violence, drugs and other alcohol and violence, and early childhood experience and violence.

The role of the Federal Government is important so that there will be a consistent and a coordinated plan such that the child faces the opportunity to learn and to be supported in preventing violence in all areas of their life and from early on.

In developing these broad recommendations, our panel realizes that this is only a first step in presenting ideas that can be carried forth, and it is in that regard that I would like to submit those to this Committee for consideration.

Chairman GLENN. Did you have some comments also, Dr. Wilson-Brewer?

Dr. WILSON-BREWER. Just very briefly. As Dr. Slaby mentioned, we did two reviews: one for the Centers for Disease Control and another for Carnegie, really looking at the state of the art of violence prevention for young adolescents, and identified between those two reviews over 200 programs. The problem is not that people aren't attempting to do something. There is a great deal of concern, especially at the community level, to respond to the problem.

What we learned, though, was that people really didn't have the kind of support they needed to respond appropriately, that they were developing programs because there was a need, but not really basing them on the kind of research that has been conducted or the kind of lessons that have already been learned about success and failures, that people were working with insufficient funding and also without any knowledge of how to truly evaluate their programs. So that programs began and ended often with insufficient funding to begin with, and then the funding ended because they couldn't prove the effectiveness of a program.

So it is very clear that there needs to be an understanding of not only developing a program, but basing it on sound research and also evaluating it in away that can prove its effectiveness, or at least show what has been done that others can learn from.

Just one final comment: What we found often when we talked to community-based agencies was that they began a program with funding from foundations, but the funding was only for direct services, so that they, in fact, didn't have the kind of funds that would allow them to evaluate their program, and they also didn't really understand what evaluation really is. But when they went back to get continued funding, they were asked to show the effectiveness of their program. So they often thought they were ill served by the funding source in not finding them the kind of assistance that would really help them move their efforts forward.

Chairman GLENN. Good. Thank you.

Ms. Boyce, did you have any comments in addition to Representative Miller's comments? I didn't call on your earlier, and I am sorry.

Ms. BOYCE. Thank you. Mr. Chairman, the first comment I would like to make is that I would hope that as we look at establishing a comprehensive overview that we won't overlook the fact that you can't talk about youth violence, especially in low-income communities, without talking about the family structure, whatever that structure may be.

The 9 percent that you cited for no-parent-based families often—and I think it is typical——

Chairman GLENN. Is that valid, do you think?

Ms. BOYCE. I think it is valid, and I think that it is only the tip of a larger iceberg because many times as we go out into the communities with projects that we fund, what we are finding is that the most functional person in the family is the child. Children are having to assume a lot more responsibility for themselves when they have a parent who is hooked on crack or who is consuming a disproportionate amount of alcohol.

I have some concerns in terms of data, because we always want to make people validate what they are doing based on data. And when you are serving community-based groups who are in need, often the data from the community doesn't make it to the Federal level until 20 years removed from the problem.

We have been fortunate that we have Dr. Onwauchi-Saunders from the Centers for Disease Control who has bridged that gap for us, but I think that there are many needs identified in the community that either can't be validated up front or programs that we fund, for instance, a Head Start program in Columbus which has received a 2-year, $250,000 grant from us, where we are bridging the health needs and the health mandate within that Head Start out into the community working with families and linking back as early intervention.

We are going to be asked by somebody, Can you show us the data? Can you show us the return from that? It is often very difficult to quantify prevention efforts, and our commission is not going to have the money to do a long-term scientific study. So I think the point that Dr. Brewer made is right on target, that we are caught between a rock and hard place out there. There is not enough money; not enough is being allocated from any of the Federal initiatives, although I think it is admirable that they are doing it. When money is made available, the route to get that money into the community is through political subdivisions, which means the communities most at need often have no ability to access those dollars.

Then when you do get the money and you are creative enough to put together all of the different kinds of funding bases to try to meet the need of the community, you find that the funding sources have made the guidelines incompatible. And so the barriers aren't all with people at the State level and in the community. There are some barriers that are being constructed by funding sources in addition to not having enough money. And it seems to me that there should be some way for us to coordinate the effort better so that those who know how to provide services can get to people in need and those who know how to do evaluation can design evaluation and come into the States and help us.

Chairman **GLENN**. Good. Thank you.

Do the others agree that 9.7 percent are in non-parent homes or non-parent existence, whatever you want to call it? Do you think that is a valid figure?

Dr. **WILSON-BREWER**. I have never heard that before. I don't know.

Chairman **GLENN**. It comes out of this Casey Foundation report that was quoted in the *New York Times* on Sunday.

It seemed high. I would not have guessed it was anywhere near that high, but they showed it going up year by year. The figure is about 9.7 percent now, which indicates if we think we have problems right now and we are basing our programs on the family approach and family programs of one kind or another, that is going to be decreasingly effective as we wind up with these custodial arrangements of foster homes or in and out of aunt's and uncle's homes. It is going to be less effective.

So I was concerned about that because that will determine to some extent what kind of programs will be effective, I guess.

Ms. **BOYCE**. Mr. Chairman, I would submit to you, though, that if you look at the cultural makeup of a lot of the communities, kids in and out of aunt's and uncle's homes and living with grandparents is increasing statistically, but for some communities that has been in existence for a long time. We have just wanted to continue to perceive the family as a mother and a father and two kids with the picket fence, and I don't think that that is the reality. And while those numbers sound startling, I think that the data is just catching up with the identification of the problem.

Chairman **GLENN**. Yes. But the effect of the family going back to the traditional type family, mother, father, and two kids—apparently has been breaking down rather consistently. There are more divorces, more single-parent families. Now we see the rise of no-parent families and the rising influence, apparently, of TV and movies and things that now seem to form the attitudes of the kids that used to be done by the family and by parents or by a Boys' Club or Scout group or something that was a forming influence on the kids. We see less of that now, apparently.

Are you running into that at home in Ohio? Is that a factor?

Rep. **MILLER**. You know, that is a tough issue, Senator. Sometimes it almost sounds—you know, when you start speaking on this, it sounds like you are imposing your morality and values on others. And I personally don't see anything wrong with that if your morality and values result in something that is positive.

I was looking at some data in Columbus the other day, and it showed that 63 percent of all African-American children born—and the latest data was 1988, but 63 percent of all African-American children were born out of wedlock. I think that is just a terrible data point, and it is very difficult for a single mother to raise a child let alone three, four, or five. And it is very difficult to raise young boys.

That is not to say that it can't be done because there are a lot of single mothers who have done a tremendous job of raising children, and I am one of them, personally. But it is much easier when you have two parents there, and the likelihood of that child growing, developing well, and ending up productive and positive as opposed to negative, I think is far greater in 2-parent households.

So that does sound like morality and values, but I think it is something that we have to encourage and discourage the incredible rates of adolescent pregnancy and single-parent households.

Chairman **GLENN**. I wasn't trying to say that we impose our morality as much as I was trying to determine where, whatever the morality level, where does it come from? What forms it now, and do we need to supplement it in some way with whatever thing used to come from the family? Is there another way we can do that? And I don't know if there is or isn't before time gets away from us completely.

Do we need any legislation, or is it just more money support for programs like you are all involved with? We have 260 programs in seven departments and 17 agencies. Are they doing you any good?

Dr. **SLABY**. I think that is what we have heard, Senator. Most of those programs are at the tail end of the problem. They are designed to build more jails and to have more effective law enforcement. We have also heard testimony this morning from the youth that this does no good in the sense of solving the problem. It may solve temporarily a societal problem in some sense, but in the long run it is probably going to exacerbate the problem.

What I think we need is funding at the front end of the program that will pay off in reducing the funds that are now being—the enormous amount of funds that are now being paid at the tail end of——

Chairman **GLENN**. What do you mean at the front end? To do what specifically?

Dr. **SLABY**. With regard to prevention, along the lines of those programs that I have outlined here, basic and applied research. But applying the research and the evidence that we already have available is very important.

Rep. **MILLER**. The one area, Senator, that Dr. Slaby spent a good deal of time talking about, legislatively, is just gun control. He was very specific in all of his recommendations around gun control, and that is critically needed, as well as increased funds for prevention and treatment of drug use and alcohol use.

Chairman **GLENN**. I am going to tell you, we have got so many guns out there now. It is going to beyond most of our lifetimes here if we think we are going to control the problem by getting control of handguns, because there are just so many of them out there, we are not going to get them all in.

Rep. **MILLER**. Yes, but that is not to say that nobody should——

Chairman **GLENN**. That doesn't say you shouldn't try. I agree with that.

My time is up on this round. Senator Akaka?

Senator **Akaka**. Thank you very much, Mr. Chairman. I will be very brief.

Ms. Breakey, it is good to have you here. I am delighted that you are here today to brief us on Hawaii's Healthy Start program. Through that program, you have made life less threatening in Hawaii and for our State's children. We know Healthy Start is a good example of how one pilot project can develop into a statewide program that serves the community at large and sets, we hope, a kind of standard and maybe a kind of project that other States may be able to look at.

I do want to remind everyone that despite Hawaii's temperate weather and peaceful setting, we have problems. We have problems, and I can quickly mention that in any given day approximately 3,000 homeless children are there in Hawaii. In the first half of 1991, almost two-thirds of all Honolulu homicide cases have involved one family member killing another. This also includes children.

I want to also say to the Chairman I really appreciate what you are doing here in bringing this problem of youth violence before the Congress here and before the Senate, and to tell you I appreciate the testimony that I have heard. If you are looking down, coming down to the crux, it seems as though our mission here is to look at laws that can help you folks out there, and also funds that can help programs and maybe take apart those 260 programs and come down to a few that will do the job here.

I was particularly interested in the word mentioned by Dr. Slaby, "culture," "culture of violence." When we think of culture, we think of a generation; we think of people who are brought up in a community. And when you talk about a culture of violence, to me that is so deep. That can really be the demise of our country. That is how important it is to me.

Also, you mentioned personal violence. As the panel that you are in, your particular interest is one that, again, comes out to the crux of it because it is person to person, and not necessarily family, not necessarily parents. And so I think you are really identifying the problem.

Finally, because of time, I just want to say, to just add to the problem, very often we look at the needs, and we try to satisfy the needs and propose programs that can satisfy those needs and correct those needs. And I think maybe with the kind of statistics that we have and the kind of expertise we have in this particular area, and from hearing many of you today, what about studying and creating the needs of our youth in violence in the future, so that we can take a leap in trying to get at the problem by creating the needs in our minds rather than solving the needs that are here today.

I want to thank you very much for your testimony. It has been certainly enlightening, and I hope we can work on the problem of laws and regulations that can help you, and also in funding. Thank you very much, Mr. Chairman.

Chairman **Glenn**. Thank you very much. We may want to continue these discussions with another hearing or series of hearings. I don't know yet. We will have to decide that a little bit later.

You have been very patient today. We have been here a long time. I appreciate your waiting this morning and being with us. We may want to submit questions to you for additional amplification of things to be included in the record. Thank you all very, very much.

The hearing will stand in recess subject to the call of the Chair.

[Whereupon, at 1:08 p.m., the Committee adjourned subject to the call of the Chair.]

# APPENDIX

United States General Accounting Office

GAO

Testimony

Before the Committee on
Governmental Affairs
United States Senate

For Release
On delivery
Expected at
9:30 a.m. EST
Tuesday
March 31, 1992

# REDUCING YOUTH VIOLENCE

## Coordinated Federal Efforts and Early Intervention Strategies Could Help

Statement of
Gregory J. McDonald
Director of Human Services
Policy and Management Issues
Human Resources Division

GAO/T-HRD-92-22

GAO Form 160 (12/91)
OPR:OIMC/PCC

## SUMMARY

### Extent of the Problem

Violence committed by youth is a serious and growing problem in the United States. The youth arrest rate for murder, manslaughter, forcible rape, robbery, and aggravated assault increased 16 percent between 1989 and 1990. Youth violence is often turned against the young, is a more serious problem in the minority community, and increases in lethality with the use of firearms. The costs to society are high--over $1.7 billion annually just to house incarcerated youth.

### Risk Factors

While there is no single factor to predict which children are more likely to become violent later, many violent adolescents tend to have similar characteristics, including (1) coming from families that are abusive, neglectful, and otherwise dysfunctional, with other family members engaged in criminal behavior, (2) having a propensity to lie, steal, fight, be truant, and be aggressive; (3) using alcohol and drugs; and (4) living in low-income areas having high rates of serious crime.

### Type of Approach Required

Preventing youth violence in the long term requires a multifaceted approach that involves (1) reducing multiple risks, (2) reaching children of different ages, (3) providing both early prevention and treatment services, and (4) devising strategies based on individual communities' problems. Comprehensive prevention should start early, virtually from birth for high-risk families. We identified two promising prevention strategies--home visiting and providing school-based services--although others may also be helpful. When effective, programs that have used home visiting have had many positive outcomes, including reducing later arrest rates for serious crimes. Home visiting can also reduce associated risks, such as child abuse. Schools serve as a daily contact point for almost all children. Therefore, providing comprehensive social and health services through the schools may reduce violence by helping at-risk children with their problems.

### Federal Prevention Efforts

The Department of Justice has statutory responsibility to lead federal delinquency and youth violence prevention efforts, but most funding to prevent youth crime is controlled by other departments. Programs to prevent delinquency are funded by 17 agencies within 7 federal departments and an independent agency. These agencies identified 260 programs with approximately $4.2 billion in spending to serve delinquent and at-risk youth. Most of this funding is for job training and vocational education, with little funding directly targeted to preventing youth violence.

### Conclusions

1. Decreasing youth violence will require a multifaceted, coordinated set of strategies.
2. Early intervention is a critical first step.

Mr. Chairman and Members of the Committee:

I am pleased to be here today to discuss efforts to prevent the growing problem of youth violence. Just as there are no simple explanations for the causes of youth violence, there are no simple answers to reducing youth violence and its serious consequences. My testimony today will cover three areas:

1. The scope of the problem and the characteristics of youth at risk of committing serious crime.
2. Two promising early prevention strategies that could reduce the risk of youth committing violent or delinquent acts.
3. Current federal funding to prevent youth delinquency and violence.

My comments are based on our report on home visiting as an early intervention strategy for at-risk families[1] and our ongoing work on preventing child abuse, providing school-based services, and integrating services for children. In addition, we interviewed cognizant federal officials and analyzed federal funding for programs serving at-risk and delinquent youth. We also briefly reviewed the literature on youth violence prevention and interviewed some experts in the field.

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[1] Home Visiting: A Promising Early Intervention Strategy for At-Risk Families (GAO/HRD-90-83, July 1990). Home visiting is a strategy that delivers preventive health, social support, or educational services directly to families in their homes.

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## EXTENT OF THE PROBLEM

Youth violence is a serious and costly problem in the United States. The violence of the young is often turned on other young people, with sometimes tragic results.

Youth violence is an increasingly serious problem in this country. According to the Department of Justice, the arrest rate for youth under 18 for violent crime--murder, forcible rape, robbery, and aggravated assault--increased over 150 percent between 1965 and 1989. Between 1989 and 1990, the arrest rate increased 16 percent.

Young people are the most frequent victims of youth violence. Homicide is the second leading cause of death among young people aged 15-24 years, according to the Centers for Disease Control. Youths age 16-19 have the highest rates of victimization for rape, robbery, and assault and most are victims of their own age group.

Youth violence is a particularly serious problem in minority communities. Homicide is the leading cause of death for blacks aged 15 to 24, about 6,000 deaths a year. Homicide rates among young Hispanic males and Native American males are 4 to 5 times higher than non-Hispanic white male rates.

Access to guns increases the lethality of violence. A 1990 analysis done by the Centers for Disease Control showed that, from 1984 through 1987, firearms-related homicides accounted for 80 percent of the deaths and 96 percent of the increase in the homicide rate for young black men aged 15 to 24.

Youth violence and delinquency is costly. The Department of Justice reported that holding youth in custody cost U.S. taxpayers $1.7 billion in 1988, at an average annual per-resident cost of $29,600--more expensive than paying tuition, room, and board to send a child to Harvard, Yale, or Princeton for a year.

Only a small percentage of youth are violent. The National Youth Study published earlier this year found that 7 percent of all youth accounted for 79 percent of all serious, violent offenses committed by youth.

## CHARACTERISTICS OF CHILDREN AT RISK OF COMMITTING SERIOUS CRIME

Just as no single statistic gives a complete picture of youth violence, no single measure alone can predict which children are most likely to become violent adolescents. Research has shown, however, that children who later commit violent acts tend to have similar family, personal, and community characteristics.[2] Violent adolescents generally have multiple characteristics indicating their risk.

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[2] For a comprehensive review of the literature on risks for later delinquency, see chapter 13 of U.S. Congress, Office of Technology Assessment, Adolescent Health--Volume II: Background and the Effectiveness of Selected Prevention and Treatment Services, OTA-H-466, Washington, D.C.: U.S. Government Printing Office, November 1991.

## Family Risk Characteristics

Young people at risk of later violence are more likely to come from dysfunctional families. Such families are abusive and neglectful, with poor parenting practices, including overly harsh or overly lax and inconsistent discipline and expectations. Parents who use aggression to solve problems are more likely to produce violent adolescents. Delinquent youth are also more likely to come from families with other family members engaged in criminal behavior.

## Personal Risk Characteristics

Adolescents who are likely to become violent often show early warning signs. As children or young adolescents, they are more likely to be aggressive, steal, lie, be truant, cause trouble in school, and fight. Research has shown a continuity between these childhood behaviors, identifiable in preschool and early grade school, and later criminal behavior. While this does not mean that every aggressive child will become a criminal, it does suggest that children who are aggressive and maladjusted at young ages may need help to prevent later violent behavior.

Learning problems or problems succeeding in school can also serve as an early warning sign. Children with Attention Deficit

Hyperactivity Disorder,[3] learning disabilities, low IQ scores, and poor school performance are also more likely to become delinquent.

As children grow older, associating with a delinquent peer group increases the risk of delinquency. Youthful offenders are more likely to use alcohol and illicit drugs. Alcohol and drug use may also lower inhibitions and thus encourage escalation of conflict into violence. Arrest rates show that males are much more likely to engage in violent behavior than females.

Community Risk Characteristics

Urban areas have a higher incidence of serious crime than suburban or rural areas. Prevalence rates for serious crime are also higher in low-income areas. Reviews of the relationship between the socioeconomic characteristics of a community and delinquent behavior indicate that adolescents from poor communities are more likely to exhibit antisocial behavior--especially more serious offenses. Youth from higher crime neighborhoods are more likely to become delinquent than youth from lower crime neighborhoods.

Neighborhoods with high rates of violence add to the risk for children who witness violence. Some researchers are becoming concerned that children who witness violence will experience serious stress and are more likely to engage in violent behavior later in life.

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[3] A mental disorder lasting at least 6 months that is characterized by developmentally inappropriate degrees of inattention, impulsiveness, and hyperactivity. It is more common in males, with onset typically before age 4. Central nervous system abnormalities may be predisposing factors. Some impairment in ability to perform schoolwork and cooperate in group social activities is common.

## REDUCING YOUTH VIOLENCE REQUIRES A COMPREHENSIVE, COORDINATED APPROACH

Just as no one risk factor inevitably leads to later violence, we believe there is no simple answer to decreasing youth violence and delinquency. Federal officials and experts concerned with this issue have stated that preventing youth violence in the long term requires a comprehensive, coordinated, and multifaceted approach. It should

- -- reduce multiple risks,
- -- reach children and youth of different ages,
- -- be sensitive to ethnic and cultural differences in communities' populations,
- -- provide both early prevention and different kinds of treatment, and
- -- deal with violence problems that may be different for different communities.

The history of initiatives to develop comprehensive and coordinated approaches to problems like youth violence suggests that such initiatives face numerous obstacles. The biggest obstacle at the local level can be the time and personnel commitment needed from local service providers that is necessary to build and sustain multi-agency cooperative efforts. In addition, the limited amount of federal support for localities in such areas as law enforcement and education may also create an obstacle.

Decreasing violence requires balancing early prevention efforts to reduce the risks of later violent acts with treatment for youth currently committing criminal or violent acts. It may also require communities to take action to root out violence. We have identified two promising early prevention strategies from our previous work on home visiting and our ongoing work on child abuse prevention and school-based service delivery--there may be others. We have not done enough work to evaluate effective treatment approaches or criminal sanctions, such as incarceration, to deter youth violence. Therefore, we are focusing our discussion today on prevention. However, we recognize the importance of treatment in an overall strategy.

## Comprehensive Preventive Strategies Needed

To be effective, prevention strategies need to be comprehensive and to start early--virtually from or before birth for high-risk families. They need to address multiple risks for later violence. For example, a multiple-risk family may include a drug-using mother, caring for a child with school and social problems. Having a comprehensive strategy starts with the view that there are multiple influences on a child or family, stemming from relationships both within and outside the family. The problems

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that a child or family face should not be treated in isolation. As a result, promising preventive strategies we have identified often used trained individuals to either arrange for or provide comprehensive services to deal with the range of problems at-risk children and their families face. Both of the strategies we identified attempt to reduce children's risks resulting from poorer health, education, and development.

## Using Home Visiting to Deliver Early Intervention Services

Home visiting is a common service delivery strategy for preschool-aged children and families. It delivers preventive health, social support, or educational services directly to families in their homes. Home visitors can provide coaching, counseling, or teaching services. They can meet weekly with parents in their homes to teach them how to teach their children and help them improve their parenting skills. Home visitors can also provide case management services that help link program participants to other services.

Home-visiting efforts often focus on families with multiple risks for poor child health and development. For example, Hawaii's Healthy Start program interviews new mothers in the hospital after delivery to identify the families at greatest risk of abusing or neglecting their children. Many risk factors used by Healthy Start to screen for potential child abuse are also factors used to predict violence. The Healthy Start program identifies as higher risk those parents who abuse alcohol or drugs or who have been involved in other criminal activity. Once higher risk families have been identified, they are offered a voluntary home-based program designed to teach positive parenting and improve child health and development.

Evaluations have shown that early interventions using home visiting can

-- have multiple positive outcomes,
-- reduce later delinquency and violent behavior, and
-- reduce other risks associated with later violence.

For example, the High/Scope Perry Preschool in Ypsilanti, Michigan, provided both preschool and educationally focused home visiting to low-income black children and their families. A rigorous evaluation[4] of this project showed that by age 19, 51 percent of the children randomly assigned to a control group had been arrested, compared to 31 percent of Perry Preschool children. Perry Preschool graduates were also less likely to engage in violence as measured by arrests and self-reports. The Perry Preschool group had lower numbers of arrests for serious crime and their self-reported offense rates for violent behaviors were generally half that of the control group.

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[4] J. Berrueta-Clement and others, Changed Lives: The Effects of the Perry Preschool Program on Youths Through Age 19, Monographs of the High/Scope Educational Research Foundation, Number 8, High/Scope Press, Ypsilanti, MI, 1984.

But this tells only part of the story. As you can see from figure 1, Perry resulted in many positive outcomes--better school achievement, fewer youth on welfare, and more going on to higher education or employment. As a result of the savings from reduced crime and welfare and increased employment, evaluators estimate that the program returned $3 to $6 for every $1 invested in it.

The Syracuse University Family Development Research Program provided day care and home visiting to very poor, predominantly black families. Longitudinal research showed that only 6 percent of the program children, compared to 22 percent of the control children, had been processed as adolescent probation cases. In addition, control children committed much more serious delinquencies, including burglary, robbery, and physical and sexual assault. The average juvenile justice cost per child was $186 for the preschool home-visiting group and $1,985 for the control group.

Early intervention programs can reduce other risks, including child abuse, the percentage of children being retained in grade or needing special education, comparative levels of truancy, and aggressive and disruptive behavior in school. For example, the Prenatal/Early Infancy Project in Elmira, New York, found fewer cases of abuse among mothers most at risk for abusing their children who had received nurse home-visiting services, compared to similar mothers who had not. The Houston Parent-Child Development Center longitudinal evaluation showed that 5 to 8 years after families received services, their children were rated by teachers as significantly less disruptive and hostile in school than similar children who did not receive services.

## Providing Comprehensive Services in Schools

School is an important setting for a violence-prevention strategy for older children. Schools serve as a contact point for almost all children, at least until they reach the age when many drop out. Virtually every community, regardless of wealth or location, has a public school. Providing services in schools increases access for students, who may lack transportation to reach other services. These services, if appropriate and targeted correctly, may interrupt a cycle of behavior that would lead to crime. Teachers see children on a daily basis and may be among the first to recognize that a particular child needs help.

Providing comprehensive services in schools can help at-risk children with some of their problems. Services provided can be specific to preventing violence, such as teaching students nonviolent methods of resolving conflicts. Or they can deal with problems more generally, by providing mental health counseling, recreation, and employment assistance. While the school-based service models have not been extensively evaluated, some experts believe that keeping youths connected to the school is important in decreasing delinquency.

One example of a school used as a center for health and social services is Ensley High School in Birmingham, Alabama. Ensley's Extra Help Services Clinic provides a variety of health and social services. Students who wish to use the clinic fill out a confidential health history form. Besides documenting a student's current physical condition, the form can be used to determine whether the student is at risk of delinquent or violent behavior. The health history asks students about their home environment and their ability to talk with parents, and their personal and family drug and alcohol use. It also includes questions about a student's self-concept, aspirations, and use of violence as a way to handle problems.

The clinic provides physical exams and health screenings, individual and group counseling sessions, in-class education, and community services. Some class lessons focus on alternatives to violence and teach students techniques for defusing anger and managing stress. Staff also present sessions on setting and achieving goals and building self-esteem.

## FEDERAL EFFORTS TO PREVENT JUVENILE DELINQUENCY AND VIOLENCE INVOLVE MANY AGENCIES

The Department of Justice has the statutory responsibility to lead federal delinquency and youth violence prevention efforts. The Juvenile Justice and Delinquency Prevention Act of 1974 created the Office of Juvenile Justice and Delinquency Prevention in order to lead federal efforts to prevent delinquency. The act also created the Coordinating Council on Juvenile Justice and Delinquency Prevention. The Council, headed by the Attorney General, is designated to coordinate all federal juvenile justice and delinquency prevention programs. It includes as statutory members 7 departments, which include 17 agencies, and an independent agency.

The Council recently identified over 260 federal programs in the statutory member agencies that serve the needs of delinquent or at-risk youth. Our analysis of the information provided by Justice showed that these programs spent approximately $4.2 billion, in 1989, the most recent year data were collected.[5] Most of this money supports services to reduce general risks youth face. In particular, vocational education and job training accounts for $2.9 billion, or about 70 percent of the funding.

Programs targeted to treating delinquents or to directly preventing criminal acts accounted for $760 million, or 18 percent of total federal funding (see figure 3). Seventy-five percent of this funding is provided by the Departments of Education and Health and Human Services (HHS). Justice's programs cost about $75 million. Eighty-two percent of the $760 million went to preventing, treating, or supporting law enforcement efforts to combat alcohol and drug abuse. Four large programs, administered by different departments, account for 63 percent of the $760 million:

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[5] These programs were identified generally for 1989, with fiscal year 1989 funding. Total delinquency prevention funding might be greater, since the Council's list does not include some other programs to reduce general risks, such as Head Start.

-- Drug-Free Schools and Communities Program (Education),
-- Public Housing Drug Elimination Program (HUD),
-- Community Partnership Demonstration Program (HHS), and
-- Office of Juvenile Justice and Delinquency Prevention Formula Grant Program (Justice).

Very little of the 760 million federal dollars directly targets youth violence prevention. As the bottom pie in figure 3 shows, our analysis found that 4 percent or $28 million specifically targets violence. About half of this funding is for HHS's Youth Gang Prevention Program. Both Justice and HHS recognize youth violence as a serious problem. The Office of Juvenile Justice and Delinquency Prevention has had youth violence and gangs as priorities for discretionary grant funding for several years. However, their discretionary funding is quite limited. Preventing violence or its consequences appears as discretionary funding priorities in several agencies within HHS, but again, total funding is limited.

## Coordinating Federal Efforts

The Coordinating Council does not have a strategic plan to address the problem of youth violence. Given the seriousness of the problem, the limited federal funding, and the many agencies involved, we believe the Council should consider developing a set of coordinated strategies to focus federal efforts at preventing youth violence. One approach the Council can consider would build on current HHS efforts to set out a public health approach for decreasing youth violence. HHS has established a framework for reducing some consequences of youth violence through its health objectives for the nation. It is also developing a public health approach to reducing youth violence and its health consequences, with an initiative by the Centers for Disease Control and other agencies. The Council can also build on the wealth of knowledge within and outside the federal government on the causes and correlates of violence, and on what strategies have worked or not worked in the past.

## SUMMARY

In summary:

-- Youth violence is a serious and growing problem in our country. While affecting all youth, it is having a particularly severe effect on the health of minorities.

-- Decreasing violence requires a comprehensive and multifaceted approach.

-- Reducing youth violence will require both early prevention and treatment.

-- Current research suggests that some early interventions can prevent later violence.

- -- Two early intervention service strategies--home visiting and basing services in schools--are promising ways to provide comprehensive services to help families, young children, and youth. Services provided can be designed to specifically reduce risks for later violence.
- -- Justice has the statutory responsibility to lead delinquency prevention efforts, but at least six other departments have delinquency prevention and treatment funding. HHS and Justice provide most of the funding to prevent violence, and this funding is administered through multiple agencies.
- -- The Coordinating Council on Juvenile Justice and Delinquency Prevention does not have a strategic plan to address youth violence.

We have focused on early intervention today because we believe it has an important role to play in reducing future violence. However, youth violence represents a serious problem now. In addition to putting effort into early intervention, the federal government, in partnership with state and local governments and foundations, needs to pursue other avenues to stop the current violence.

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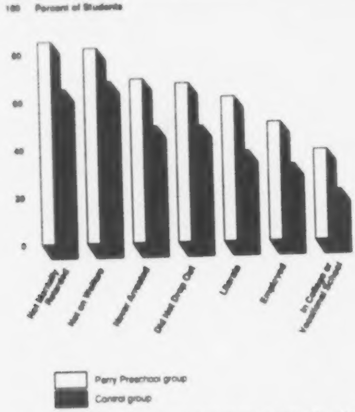
Mr. Chairman, this concludes my statement. I would be pleased to respond to any questions that you or other members of the Committee may have.

(Filename A:PERRY)

Figure 1: Perry Preschool Has Long Term Impact, Reduced Arrests



Results show comparative outcomes at age 19 for High/Scope Perry Preschool children compared to the randomly selected control group

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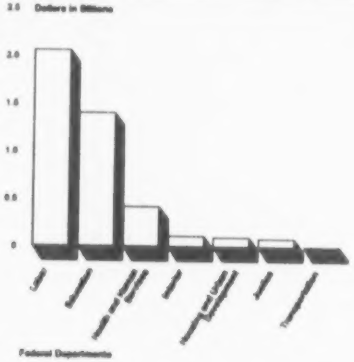


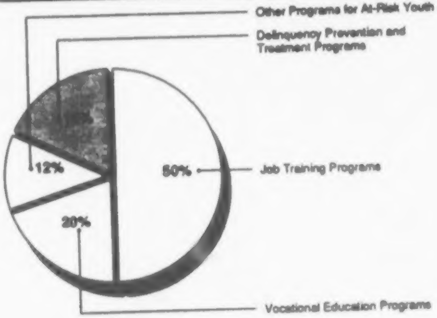
Figure 2: Seven Federal Departments Fund Programs to Serve Delinquent and Potentially Delinquent Youth

Total Funding = $4.2 Billion (mostly Fiscal Year 1989)

Source: Federal Agency Delinquency Development Statements (in Draft)

(Filename: A:TOTALS)

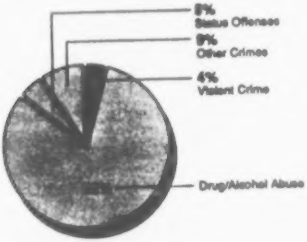
**Figure 3: Few Programs Target Delinquent or Violent Youth**



Total Funding = $4.2 Billion (mostly FY 89)

Source: Federal Agency Delinquency Development Statements (in Draft)

**Very Little Delinquency Funding Specifically Targets Violence**



Total Funding = $760 Million (mostly FY 89)

Source: Federal Agency Delinquency Development Statements (in Draft)

Testimony of Mrs. Carol Beck, Principal, Thomas Jefferson High School, 400 Pennsylvania Avenue, Brooklyn, New York 11207, March 31, 1992 before the United States Senate Committee on Government Affairs convened to discuss "Youth Violence Prevention."

It is a pleasure to be here this afternoon and participate in this hearing which will examine the issue of "Youth Violence Prevention." The selection of this time for an extensive dialog on this issue seems fitting, for it is only four days to the anniversary of the assassination of Dr. Martin Luther King, Jr. And it his philosophy of peace, brotherhood and non-violence which we celebrate each year, but fail to honor.

When the bullets rang out in 1968 and ripped through the body of one of our acclaimed leaders, many of us thought our world had reached an all time low. But in November of last year, three days before the Thanksgiving Holiday, the sound of gun fire rang out in the hallways of my high school, killing a young man and seriously wounding a teacher. Those of us who thought the nadir had been reached were proved wrong on February 26th of this year. For on that day - when Mayor Dinkins was scheduled to visit our school and speak to an assembly program, when school and city police patrolled the building in force, when print and television journalists stood in front of the building - a student entered the building and killed two of his classmates on the second floor in front of numerous witnesses. During these episodes we felt pain in the pit of our stomach and despair in

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our heart. But while these incidents of gunfire killed the earthly body of children, the loud sounds also served to get our attention, wake us up, and remind us that we had better ALL pause, re-examine our existence, and check the direction in which this country is moving. The adult leaders and role models must stop the train and check our maps, because we are getting ready to have a collision with disaster. For while the train is moving, it can hardly be said that we are making progress.

As an example, it should be noted for the record that I have lost more than fifty students to the violence of the streets during the five years that I have served as the principal of Thomas Jefferson High School. And this does not count the untold wounds from knives and guns suffered by those students who survive to continue their education. Anecdotal information leads me to believe that more than half of my male students have some type of puncture wound as a result of violence. And while the press reported the two students killed in my school on February 26th, it was not reported in any detail that I lost three other students to neighborhood violence that same week! And when violence is reported it is usually in terms of quantity and statistics, because that is easily understood. What is less noticed, but more important - because it is central to the very issue of teenagers and weapons - is the concept of violence as a health issue. The physical, mental and emotional health of a generation of our young people, particularly in the minority community is adversely affected by the non-ending tensile stress of violence. The human being can withstand many pressures, but never stress pressures without relief. Their auditory and visual senses are bombarded with stressful sounds, visions of anger, frustrating encounters and pain.

I would like for the adults to take ten seconds to remember a moment when you were in high school. It was probably a glimpse of your participating in some type of activity as an athlete, actress in a play, preparing for a dance, or the face of an old friend. Consider that today's young people, when they reach our age -- if they reach our age - will have visions of bullet-riddled friends lying on sidewalks, in doorways and now hallways of schools. They will remember the many funerals and hospital visits. They will remember the many students in their schools, community and neighborhoods who were bullies filled with rage and anger.

We all know that non-ending stress is a leading cause of high blood pressure, suicide, heart attacks and cancer. Our youth live in a world of non-ending stress. We all know that brain-washing has a serious impact on the emotional and mental health of the victim. Yet our youth are subjected to some of the most insidious forms of brain-washing developed by mankind. I specifically mean the visual brain-washing resulting from misuse of influence by the technological world. The many decisions our young people make regarding behavior, dress, future aspirations, and nourishment for their bodies are shaped by forces outside of the home. Parents and guardians of teenagers quickly realize that they are no match for the media. Our children are the end result of the saying that "the media is the message." The adult community has lost control and is no longer the messenger. Our children are being brain-washed by the constant and insidious violence portrayed in the media, by the constant message that easy money can provide them with all the benefits our society has to offer, and that hard work, honesty, and moral character are not always attributes of successful Americans.

The children of our urban communities not only live in fear during the day, those that can, sleep in fear during the night. We know that all living things need rest and nourishment to grow and develop. The children of my school community always have their sleep interrupted by gunfire, emergency vehicle sirens and angry voices. The only escape from this constant invasion is in our schools. The guns that rang out in my school have now sounded the alarm that no place is safe. People immediately said it could happen anywhere. We have always felt that...now we all know that to be true. Our children have become CHILDREN OF WAR as effectively as those who live in Iraq, Northern Ireland or Ethiopia. And I keep a book in my office about war-torn Beirut to remind me that while we do not have bombs falling, we are in a war zone.

The tragedy is that these warriors cannot define the enemy or the cause. The complex nature of this urban war is extremely nerve-racking and frustrating. They do not know who they are fighting, why they are fighting, nor who the enemy really is. Is the enemy the parent, society, another ethnic group, poverty, ignorance, or just a faceless being? You could compare their rage to energy...electric energy. And when we have too much electricity surging through our wires we blow a fuse. This is happening to our children. Their brains and emotions are exploding all over our communities, but unfortunately we cannot go to the local hardware store and buy new brains. Combat fatigue in our children must be addressed and recognized as an extremely serious health symptom. Our youth must be instilled with the message that they are strong, valuable, loved, and worth saving.

As an educational leader I must continue the struggle in trying to create a total school environment. This environment has numerous opportunities for my students to have positive experiences that will hopefully counterbalance the many negative forces affecting their lives. I am committed to responding to my war zone with a set of mutually supportive actions. Student loneliness is replaced by companionship through organized teams; positive self images are nourished through opportunities to feel good that you lived that day; we provide daily informal opportunities for students and adults to develop bonding relationships; values education and multi-cultural education are vital components of every lesson and activity; the sense of developing positive self-concepts and dignity or respect are primary operative goals of our school since many of my children have lost their lives because someone perceived they had been "dissed" or disrespected; powerlessness and disenfranchised behavior are attacked through community involvement and participatory government activities. We have just opened a community-advocacy assistance program where the students will serve as advocates for senior citizens in my community and the public housing developments. By the way my school is unique in New York City in that we have children from forty-one different private and public housing developments in the immediate area.

The specific programs I have developed to deal with the issue of violence began several years ago when I attended the funerals of my students who had been killed. Often I found that I was the only person in the funeral parlor and when I spoke to the friends of slain students discovered some very strange behavior. One boy told me that he was taking several showers a night because that was the only place he could cry. With this realization I began a grieving room in my building staffed with guidance counselors and social workers to help these youngsters work through their emotions in a positive manner.

Over the past several years I have also introduced peer mediation, conflict resolution, and crisis intervention teams to supplement the grieving room. Following the advise of Booker T. Washington - who said "Cast down your bucket where you are" - I have utilized Community Based Organizations to reach outside of the school to where the youngsters live. An example of such C.B.O.'s is Global Kids, who develop leadership skills and provide a different global perspective to youngsters who have established artificial boundaries in their lives. After the recent tragedy I have utilized the Organization of Black Psychologists which has gone into the various housing projects to talk directly with the youngsters in order to defuse tension before it escalates into violence. At this very moment I have over seventy students in upstate New York engaging in a retreat a hundred miles and light years away from where they live. The Martin Luther King Institute of Non-Violence along with my staff members and the Organization of Black Psychologists will continue these retreats and reach a large percentage of my total school population. The money for this has been provided by N.Y.C. Councilwoman Priscilla Wooten.

The New York State Government is currently considering a Seven Point Domestic Peace Plan proposed by Assemblyman Roger Greene and others. This was being thought about before the incidents in my school, but has been given impetus by these unfortunate occurrences. Among other things it includes programs for gun amnesty and gun liability. And of course the N.Y.C. Board of Education has now provided a full-time metal detector program to make sure that no more metal weapons enter my building. But as you can see from my testimony I feel that it is the violence of the spirit which must be addressed, and an individual's rage which must be diminished. Weapons come in all shapes and sizes and cannot always easily be detected. It is, therefore, the human mind and the human emotion which must be changed so that he or she no longer has images and feelings of violence.

What can be done in the future other than to continue present programs and pass current legislation? At the moment I am attempting to resurrect a positive feeling in the area by my proposed Memorial Garden. For on a vacant lot next to my school we are establishing a garden to memorialize those young people who died. It will contain a monument listing their names and be topped by a statue dedicated to peace. Along the street in front of my school trees will be planted, for out of death must come life if we are to survive. I have also been talking about building a dormitory nearby to serve the needs of those students who I call "throw-aways." As the first dormitory associated with a public high school in the country it would provide services for those students who would otherwise have no family.

More money is also needed for activities after school for students - both academic and athletic - and at night and on the weekends for adults in the community. It would be for those adults, for example, who wish to learn such subjects as stenography and keyboarding or improve their bilingual skills. And for those who have no jobs, the government must serve as the employer of last resort. The high unemployment rate in the minority community must be addressed with the type of WPA or CCC programs so successfully used during the Great Depression.

There is no single answer of course, but there are many strategies. To do nothing is a strategy of destruction, both for those engaged in violence and for the rest of our society. Dr. Martin Luther King, Jr. said in 1967 that the bombs falling in South East Asia would inevitably explode in our urban centers. And it is the guns of war which have inevitably produced the children of war. Though he is dead, Dr. King is constantly sending us a challenge. He wants to know how we as leaders measure ourselves. For as he declared, "The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy."

There is no doubt in my mind as children continue to die in record numbers, that this is indeed a time of challenge and a time of controversy. I am, therefore, honored to be in the presence of so many elected government officials who have shown by the assembly of today's hearing that they are prepared to meet the ultimate challenge during this violent time of controversy; and by your actions show that you have understood the real danger to our society.

Thank you very much.

# Biographical
# -- Marc C. Wilkins --
# Prepared for the
# Governmental Affairs Committee
# United States Senate
# March 31, 1992

Marc Christopher Wilkins, a 22-year-old member of the Executive Committee of the D.C. Police Chief's Youth Task Force, has been a lifelong resident of the District of Columbia. He attended Barnard Elementary School, Rabaut Junior High School, and graduated in 1988 from Roosevelt Senior High School, where he played football. Wilkins is currently employed full time as a clerk/typist in the Africa Area Office of the United States Information Agency (USIA). He began working at the USIA while still in high school.

While Wilkins was playing football, working part-time at the USIA, and staying out of trouble, his friends and acquaintances from school and from his neighborhood were being convicted and sent to jail for having sold drugs, as well as robbing, shooting and assaulting people. Many of those who weren't incarcerated were shot while engaging in similar activities.

Wilkins' work on the Task Force is very important to him. It is this work, in fact, that motivated him to apply to enter the D.C. Metropolitan Police Department. Wilkins says that being a police officer will give him the authority to follow through on what he is presently teaching other kids.

Wilkins considers the environment in which a child is raised to be the most important factor influencing whether he or she becomes violent. He believes that every child is born with a survival instinct and the environment in which the child matures will determine the kind of person he or she will grow up to be.

Wilkins was raised by his mother and an aunt in a single parent home with two sisters, a brother and several cousins. He presently lives with his aunt, one sister, 26, and his brother, 18. His mother lives in Northern Virginia. His aunt was, and remains, the major adult influence in Wilkins' life. His second sister, 29, was killed February 8 of this year in a drive-by shooting in his neighborhood. Wilkins' father also resides in the D.C. area.

Wilkins became involved with the Task Force out of a desire to do something positive to affect change in his city, his community and his neighborhood. He has been with the Task Force since 1991.

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Activities he has been involved with have included a gun amnesty program where over 200 firearms were turned in, and concerts where thousands of youths attended without a single violent incident occurring. Wilkins also speaks at schools and churches on his own experiences with violence and what individuals and communities can do to prevent future violence.

The Committee is pleased to have an opportunity for Mr. Wilkins to relate his experiences and thoughts to us in this hearing.

## Biographical
## -- Curtis Artis --
## Prepared for the
## Governmental Affairs Committee
## United States Senate
## March 31, 1992

Curtis Artis was born in Washington, D.C. and is a life-long resident of the nation's capital. He is neither a visitor nor a tourist to the mean streets of D.C. He has lived on those streets, fought on those streets, but, as we will find out today, is determined to change those streets for others.

Curtis Artis is not prepared to see other young children grow up as he did in a violent and cruel situation. Artis freely admits that he did not run from trouble, and trouble, with little effort, could find him because he was the biggest kid in his class.

Being big usually meant that Artis would be challenged each time he changed schools or moved to a new street or simply dared to walk into another neighborhood. Fist fights were a normal thing in young Artis' life but in the eighth grade, he took a knife to school and was subsequently expelled when the principal discovered it.

At home, Artis found a supportive family who could not understand why he got into trouble. His mother enrolled him in other schools, however he seldom stayed very long. His grandmother tried to help, but he would not listen. His father gave him long lectures about his behavior.

By the age of fourteen he was an accomplished "hustler". When other kids his age were getting good grades or participating in sports, Artis was getting good at "getting over, making a buck".

It was just a matter of time before Artis ran afoul of the justice system. At 17, he shot another young man. It was an accident, claimed Artis. However by having the gun, he had violated the law. It was not the first gun that Artis owned and it would not be the last. He found guns easy to buy on the street.

Even after some juvenile counseling and some time in jail, Curtis Artis still seemed destined to become another Washington, D.C. statistic. However, somewhere, somehow, he turned his life around.

- He went back to school to work on his GED.

- He went back to the streets to work with kids.

- His message is simple: "I've been there and it's not easy, don't go".

It hurt him when little kids could be overheard saying "don't be like Curtis", but then he realized that he did not want them to be like the "old" Curtis, but, rather, he wanted them to emulate the "new" Curtis. The "new" Curtis is looking forward to accepting responsibility for his mistakes and moving on to new challenges.

The new Curtis Artis is a member of the Washington D.C. Police Chief's Youth Task Force on Violence and passes a message of education and caring to young people, his peers.

The old streets are still out there, and though he is only 21 years old, Curtis Artis has the experience to deal with and to make positive efforts to change these streets.

He is appearing before the Committee today to tell us of his experiences.

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

TESTIMONY OF

LEONARD D. ERON, PH.D.

Research Professor Emeritus

University of Illinois at Chicago

on behalf of

THE AMERICAN PSYCHOLOGICAL ASSOCIATION

before the

US SENATE COMMITTEE ON

GOVERNMENTAL AFFAIRS

March 31, 1992

# VIOLENCE AND THE MEDIA

The Honorable John Glenn, Chair

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500

Mr. Chairman and members of the Committee, thank you for inviting me to appear before you. I am Leonard Eron, Research Professor Emeritus at the University of Illinois at Chicago, and Chairman of the Commission on Violence and Youth of the American Psychological Association. It is in both of these capacities that I address you today. In regard to the former, I have been asked by committee personnel to discuss my research on the relation between television violence and aggression. For the past 35 years I have been engaged in research on aggression and violence. My specific interest has been in how children, in their formative years, learn to be aggressive. One of the factors implicated in the development of aggressive and violent behavior is the amount of television violence to which a youngster is exposed.

There can no longer be any doubt that heavy exposure to televised violence is one of the causes of aggressive behavior, crime and violence in society. The evidence comes from both the laboratory and real-life studies. Television violence affects youngsters of all ages, of both genders, at all socio-economic levels and all levels of intelligence. The effect is not limited to children who are already disposed to being aggressive and is not restricted to this country. The fact that we get this same finding of a relation between television violence and aggression in children in study after study, in one country after another, cannot be ignored. The causal effect of television violence on aggression, even though it is not very large, exists. It cannot be denied or explained away. We have demonstrated this causal effect outside the laboratory in real-life among many different children. We have come to believe that a vicious cycle exists in which television violence makes children more aggressive and these more aggressive children turn to watching more violence to justify their own behaviors.

Statistically this means that the effect is bidirectional. Practically it means that if media violence is reduced, the level of interpersonal aggression in our society will be reduced eventually.

Over 30 years ago, when I started to do research on how children learn to be aggressive, I had no idea how important T.V. was as a determinant of aggressive behavior. I thought it was no more influential than the Saturday afternoon serial westerns that I used to attend, or the fairy stories my parents used to read to me before I went to bed or the comic books I pored over instead of doing my lessons. These, certainly, were very violent. But I grew up OK. I didn't enter a life of crime. I was not very violent. So I was skeptical about the effects of television violence. And I think most people come to this subject matter with this same sort of set, unconvinced that television can have such deleterious effects. However, in 1960, we completed a survey of all third grade school children in a semi-rural county in New York State. We interviewed 875 boys and girls in school and did separate interviews with 80% of their parents. We were interested in how aggressive behavior, as it is manifested in school, is related to the kinds of childrearing practices parents use. An unexpected finding was that for boys there seemed to be a direct positive relation between the violence of the TV programs they preferred and how aggressive they were in school. Since this was no more than a contemporaneous relation we didn't have too much confidence in the finding by itself. You couldn't tell by these data alone whether aggressive boys liked violent television programs or whether the violent programs made boys aggressive - or whether aggression and watching violent television were both due to some other third variable. However, because these findings fit in well with certain theories about learning by imitation, a cause and effect relation was certainly plausible.

Ten years later, however, in 1970, we were fortunate in being able to reinterview over half of our original sample. Our most striking finding now was the positive relation between viewing of violent television at age eight and aggression at age 19 in the male subjects. Actually the relation was even stronger than it was when both variables were measured at age eight.

By use of a variety of statistical techniques it was demonstrated that the most plausible interpretation of these data was that early viewing of violent television caused later aggression. For example, if you control how aggressive boys are at age eight, the relation does not diminish. As a matter of fact those boys who at age eight were low aggressive but watched violent television were significantly more aggressive ten years later than boys who were originally high aggressive but did not watch violent programs.

Similarly we controlled for every other third variable that we could think of and had data on, which might account for this relation--IQ, social status, parents' aggression, social and geographical mobility, church attendance. None of these variables had an effect on the relation between violence of programs preferred by boys at age eight and how aggressive they were ten years later.

Then twelve years after that when the subjects were 30 years old, we interviewed them again and consulted archival data such as criminal justice records and found that the more frequently our subjects watched television at age 8 the more serious were the crimes for which they were convicted by age 30; the more aggressive was their behavior while under the influence of alcohol; and, the harsher was the punishment they administered to their own children. There was a strong correlation between a variety of television viewing behaviors at age 8 and a composite of aggressive behavior at age 30. These relations held up even when the subjects' initial aggressiveness, social class and IQ were controlled. Further, measurements of the subjects' own children, who were now the same age as the subjects when we first saw them, showed that the subjects' aggressiveness and violence viewing at age 8 related to their children's aggressiveness and their children's preferences for violence viewing 22 years later, when the subjects themselves were 30 years old. What one learns about life from the television screen seems to be transmitted even to the next generation!

Now it is not claimed that the specific programs these adults watched when they were 8 years old still had a direct effect on their behavior. However, what it probably does mean is that the continued viewing of these programs contributed to the development of certain attitudes and norms of behavior and taught these subjects when they were youngsters ways of solving interpersonal problems which remained with them over the years.

As I pointed out earlier, this finding of a causal link between the watching of violent television and subsequent aggressive behavior is not an isolated finding among a unique or nonrepresentative population in one area of the U.S., at a particular time. Seventeen years after our original data collection, we studied another large group of youngsters in a different geographical section of the U.S., a heterogeneous suburb of Chicago, following them for three years, and we obtained essentially the same results (Huesmann, Lagerspetz & Eron, 1984). Further, this three year follow up was replicated in four other countries, Australia, Finland, Israel and Poland (Huesmann & Eron, 1986). The data from all five countries investigated in the study clearly indicate that more aggressive children watch more television, prefer more violent programs, identify more with TV characters, and perceive violence as more like real life than do less aggressive children. Further, it became clear that the relation between TV habits and aggression was not limited to boys as we had found in our original study. Girls, too, are affected. And generally the causal relation was bidirectional, with aggressive children watching more violent television and the violent television making them more aggressive.

Of course we do not contend that television violence is the only cause of aggression and violence in society today. Aggression is a multiply determined behavior. It is the product of a number of interacting factors--genetic, perinatal, physiological, neurological, and environmental. It is only when there is a convergence of factors that violent behavior occurs. No one factor is necessary or sufficient to produce long term anti-social behavior. Thus, media violence alone cannot account for the development of serious antisocial behavior. It is, however, a potential contributor to the learning environment of children who eventually go on to develop aggressive behavior. Furthermore, research supports the view that the effect of violence viewing on aggression is relatively independent of other likely influences and is of a magnitude great enough to account for socially important differences. The current level of interpersonal violence has certainly been boosted by the long term effects of many persons' childhood exposure to a steady diet of TV violence.

We have been considering a number of variables which define the limits within which the effect of viewing television on the subsequent social behavior of children is operative. We turn now to a consideration of a likely model to explain how this effect comes about.

One aspect of the model has to do with arousal effects. Researchers have alluded to this process as important in activating aggressive behaviors. It has been hypothesized that a heightened state of tension including a strong physiological component, results from frequent observation of high action sequences. Arousal here is seen as both a precursor and consequence of aggression (Huesmann, 1982). Another aspect of the model has to do with the rehearsal of the behaviors the child observes on the part of his favorite TV characters. The more frequently the child rehearses the sequence by continued viewing, the more likely is it to be remembered and reenacted when the youngster is in a situation perceived to be similar. Further, by consistently observing aggressive behavior, the youngster comes to believe these are expected, appropriate ways of behaving and that most people solve problems in living that way. Norms for appropriate behavior are established and attitudes are formed or changed by observation of other persons' frequent behavior, especially if that behavior is sanctioned by authority figures (Tower, Singer, Singer and Biggs, 1979). The child who has been watching programs with primarily aggressive content comes away with the impression that the world is a jungle fraught with dangerous threats and the only way to survive is to be on the attack.

However, television's influence cannot be explained solely in terms of arousal or observational learning and the setting of norms of behavior. Aggressive behavior is overdetermined, and the variables we've been discussing all contribute their effects. The process, however, seems to be circular. Television violence viewing leads to heightened aggressiveness which in turn leads to more television violence viewing. Two mediating variables which appear to play a role in this cycle are the child's academic achievement and social popularity. Children who behave aggressively are less popular and, perhaps because their relations with their peers tend to be unsatisfying, less popular children watch more television and view more violence. The violence they see on television may reassure them that their own behavior is appropriate or teach them new coercive techniques which they then attempt to use in their interactions with others. Thus, they behave more aggressively which in turn makes them even less popular and drives them back to television. The evidence supports a similar role for academic failure. Those children who fail in school watch more television, perhaps because they find it more satisfying than schoolwork. Thus, they are exposed to more violence and have more opportunity to learn aggressive acts. Since their intellectual capacities are more limited, the easy aggressive solutions they observe may be incorporated more readily into their behavioral repertoire. In any case, the heavy violence viewing isolates them from their peers and gives them less time to work toward academic success. And of course, any resulting increase in aggression itself diminishes the child's popularity. Thus, the cycle continues with aggression, academic failure, social failure and violence viewing reinforcing each other.

## Chicago Initiative in Prevention of Childhood Aggression

One need go no farther than the nearest city newspaper to learn of the challenges that beset our city schools today. The country is undergoing major demographic shifts. Schools now enroll greater numbers of students who are members of linguistic or cultural minorities and/or who present educational and behavioral challenges. Additionally, many of these students come from low income families. Dramatic shifts have also been witnessed in family configuration. Increasingly large numbers of children come from single parent families, many headed by teenage mothers. Associated with these changes are increased risks for school failure and the development of serious aggressive and antisocial behavior.

Schools and families often lack the resources to meet the demands of these students. Yet, greater and greater responsibility is placed on the school personnel to provide for the social and emotional development of the children in their classrooms. Complicating these demands is the fact that teachers are increasingly confronted with students whose expectations, social behaviors, and values differ significantly from their own. The classroom teacher must decide how best to allocate scarce resources (time, attention, materials) to an increasingly diverse and often at-risk population of students. Far too often teachers have not been provided adequate training to accomplish this task.

Until recently, very few prevention and intervention programs have included consideration of the multiple contexts in which aggressive and antisocial behaviors are learned. While the school context is critical because of the amount of time and the number of years the child spends at school, there are many other important socializing influences. These influences include the peer, family and community context, as well as exposure to media violence.

In working with inner city children the community context is of particular relevance, because of the extreme environmental conditions which often exist there and which place entire populations of children at risk for the development of aggressive and violent behavior. Intervention programs are doomed to failure if they do not take into account the extreme and persistent environmental constraints such as violence, hopelessness, and limited social resources which surround these children twenty-four hours a day. It is naive to believe that we can change the attitudes and behavior of young people growing up under these conditions with any type of brief, single-focus program, such as public service announcements, classroom management strategies for teachers, or a few weekly lectures and exercises designed to change children's social skills or cognitions about aggression. In order to effect behavioral change, a more complex and sustained approach carried out more frequently over a number of years and affecting several psychosocial contexts and settings of development is necessary.

As part of a recent initiative in prevention research by the National Institute of Mental Health, The University of Illinois at Chicago has been awarded a large grant to conduct and evaluate a comprehensive program to prevent the development of antisocial behavior in children at risk. A team of professionals from the areas of psychology, education, and juvenile justice, with extensive experience in working with children and families, has been brought together to develop this program.

The Metropolitan Area Child Study is a large-scale (N=4,546), comprehensive, long range program in which interventions are being conducted throughout the school year in 16 schools with the same children over a period of two years and across a variety of contexts. These children will then be followed for a number of years to determine the long range effects of these efforts at preventing the emergence of antisocial aggression and violence. The contexts for intervention are the classroom, peer group, and family. However, because an important, but basically unanswered question, is how much intervention in which of these domains is necessary to prevent violence and aggression in the highest risk portion of this population, we are employing an additive model of program evaluation.

Utilizing this model, we begin with the most cost-effective and least intrusive method of intervention, a general enhancement, classroom-based primary prevention program. All children (except no treatment control children) are included in this general enhancement classroom-based program. This program consists of 80 classroom lessons utilizing the YES I CAN social responsibility training materials. The YES I CAN program focuses on promoting development in five areas of social cognition: Self-understanding; self as part of a community; social norms about violence/TV viewing habits; sense of control and hopefulness; social problem solving. Teachers participate in 30 hours of teacher training focusing on cultural diversity, development of prosocial and cooperative behaviors and classroom management.

A large group of children from grades 2, 3, and 5 who have been identified as being at high-risk for developing violent and aggressive behavior (N=975) are divided into two additional treatment groups. Both of these groups also receive more intensive cognitive training in small groups of high-risk peers. Only one of these groups of children also receives 22 sessions of family training during the first year of the program and monthly boosters during the second year. In this regard, it is important to examine the extent to which corresponding gains justify the social and economic costs of identifying children as high-risk, and the expenditure of resource necessary to involve multiple systems in treatment programs. This focus also addresses the concern of whether prevention programs should single out high-risk children for special attention, or should be limited to general enhancement programs for all children.

We believe that focusing on the child's cognitions as the critical locus of change holds promise for long-term generalized effects. However, since these cognitions are learned and maintained in multiple settings, we also believe that the conditions for the learning of aggression present in at least some of these settings must also be altered. The need for a comprehensive approach is most critical in inner city communities, where the environmental risk factors are so extreme that they placed entire populations of children at risk and can exacerbate the impact of individual risk factors.

APA Commission on Violence and Youth

As part of my remarks today, I also want to give a brief report on the American Psychological Association Commission on Violence and Youth, of which I am the Chair. A year ago the Commission was established to bring psychology's expertise to bear on the problems of young people who are victims, witnesses, or perpetrators of violence or who live under the constant threat of violence.

The APA has asked the Commission to (1) review psychological knowledge related to violence and youth, (2) describe applications of that knowledge to prevent or stop violence and to temper its negative consequences, and (3) recommend promising directions for public policy, research, and program development.

We have solicited ideas and materials from many people who are concerned about violence and youth. Last fall we conducted 2 days of hearings in which we heard testimony from researchers and program staff in the areas of sexual assault, law enforcement, health care, and community services, as well as representatives of the religious community and state and federal government agencies.

Speakers repeatedly urged APA to bring a scientific perspective to public policy on violence, and they underscored the urgent need for immediate, sound interventions.

Other participants at the hearings outlined the special vulnerability of racial and ethnic minorities, young people with disabilities, and lesbian and gay youth. Young people who appeared vividly described their experiences of living with the constant threat of violence in their schools and neighborhoods.

The Commission's work is supported by a cadre of experts made up of APA members and other professionals whose expertise complements that of the twelve Commission members. These volunteers are contributing materials and ideas for the Commission to consider, and some of them will participate in developing and reviewing the Commission's report to the Association.

The Commission will present its findings and recommendations in a report scheduled for release in December 1992. Besides advancing the understanding of violence and youth by psychologists, we want the report to offer practical help to communities and institutions coping with issues related to violence and youth. For this reason, we decided to make preventive and rehabilitative interventions the focus of the report. We also will discuss the relation between violence and culture, as well as social and historical issues that underly the context for our society's current violence.

I am confident that material from these hearings will be germane to the work of our Commission. Moreover, I trust that our Commission's final conclusions and recommendations will be valuable well beyond organized psychology. We want our report to be a springboard for developing programs and policies that can help to stop the tidal wave of violence that is harming our young people nationwide.

Thank you for this opportunity to summarize these issues. I would be happy to respond to any questions you might have.

# Violent Homes,
# Violent Children

by Adele Harrell
The Urban Institute
March 31, 1992

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# Violent Homes, Violent Children

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One of the truly shocking facts about the problem of violence in this country, one that most of us would prefer to ignore, is the amount that occurs within the family--most of it directed at women and children. A few statistics illustrate the magnitude of the problem:

- Each year, more women are abused by their husbands or boyfriends than are injured in car accidents, muggings or rape.[1]
- Annually, one in ten women is abused by the man with whom she lives.[2]
- Repeated severe violence, estimated to occur in 1 in every 14 marriages[3], can cause long-term, disabling psychological trauma--the battered women's syndrome--similar to the trauma experienced by hostages or prisoners of war.[4]

Unfortunately, women are not the only victims. Children are often the unintended victims of battering. Children in violent homes face dual threats: the threat of witnessing traumatic events, and the threat of physical assault.[5] These experiences can transmit violence to the next generation. Steps to protect children and reduce the risk of intergenerational transmission of violent behavior include stronger laws, better training for criminal justice personnel, safe alternative housing coupled with social services, and prevention programs aimed at adolescents.

Witnessing Parental Violence. While most of us recognize immediately the harm inflicted by child abuse, the damage inflicted by living in a home with severe parent-to-parent violence is often overlooked. Although the extent of children's exposure to violence is poorly documented[6], children from violent families often provide clinicians with detailed accounts of abusive incidents their parents never realized they had witnessed.[7] The immediate impact of this exposure can be traumatic--fear for self, fear for their mother's safety, and self-blame.

Even more troublesome is the likelihood that this exposure to violence will lead to later violence on the part of the child--as well as to other serious emotional and behavioral problems.[8] Violence witnessed at home is often repeated later in life.[9] Violent parental conflict has been found in 20 to 40 percent of the families of chronically violent adolescents.[10] These effects are particularly dismaying in view of the fact that at least 3.3 million children ages 3 to 17 are at risk of exposure to parental violence each year.[11]

Child Abuse. Violence between parents often extends to the children in the family as well. Physical abuse of at least one child has been found to occur in a large portion of battering incidents when children were present.[12] Nearly 70% of the children of battered women surveyed in shelters had suffered physical abuse or neglect. Most of these children had been abused by the male batterer, but in a quarter of the cases, the children had been abused by both parents, and in a few cases by the mother alone.[13] Battered women themselves are 8 times more likely to harm their children when they were being battered than when safe from violence.[14]

The Effects of Family Violence. It is difficult, and sometimes impossible, to distinguish between the effects of *witnessing* parental violence and *experiencing* abuse as a child, due to the overlap in these problems. However, we do have ample evidence of the types of problems children from violent homes develop. They include high rates of fighting, delinquency, criminal violence, depression, suicidal behavior, phobias, and other physical and emotional disorders.[15] The aggression that can appear in even very young child abuse victims tends to persist for a long time.[16] With regard to delinquency, for example, over half the families reported for child abuse in one New York county later had at least one child appear in juvenile court.[17]

The Intergenerational Transmission of Violence. Strong evidence that patterns of violence persist from one generation of a family to the next is provided by Cathy Widom's literature review for the National Institute of Justice.[18] Abusing parents, batterers, and other criminally violent adults are more likely to have been abused as children than nonviolent adults.[19] The rate of child abuse among fathers who grew up in violent homes is about double that for fathers who grew up in nonviolent homes.[20] Physical abuse as a teenager triples the probability that adult men will abuse their female partners.[21]

The parent-child correlation in violence results in part from social learning. Children in violent homes who witness and/or experience physical violence get an early introduction to violence as a way to solve problems. Sons see their father hitting their mother and may infer that battering is effective and appropriate behavior with female partners. Similarly, daughters see their mother abused and may conclude that the behavior is normal. Similar conclusions may be reached about abuse of children in the family, themselves or their siblings.

However, the majority of children from violent families do not become delinquents, battering spouses, abusive parents, or criminals. Estimates of the rates of intergenerational transmission of violence vary depending on definitions and samples, but generally fall between 25 and 35%.[22] Thus, an estimated 65 to 75% do not become violent. Why not?

The Development of Violent Behavior. Psychologists have identified three domains as essential to the psychological development of all children.[23] These include competence--the child's knowledge and confidence in personal ability to achieve desired outcomes; autonomy--the sense of control that allows children to regulate their behavior and emotions; and relatedness--the child's ability to establish caring relationships with others. Children adapt, sometimes in healthy ways and sometimes in unhealthy ways, to their environment--and particularly to their family environment--in developing their competence, autonomy, and relatedness.

Violent families clearly provide an impaired environment for healthy development, accounting for the increased risk of behavioral and emotional problems among children in these families. Children in violent families tend to experience inconsistent punishment and lack of structure, to witness erratic parental behavior, and to be ignored, shamed or neglected.[24] When these behaviors are repeated over a long period of time, the chronic child neglect that results can be at least as damaging as physical assault

(Dunlap, in press; Herrenkohl, in progress).[25] These negative experiences undermine the development of competence, autonomy, and relatedness, and trigger exaggerated, dysfunctional coping responses.[26] These are externalized by children in the form of aggression, delinquency, and violence and/or internalized in the form of anxiety and depression.[27]

Research on factors that help children avoid repeating the pattern of violence is limited. The evidence suggests that family violence transmission can be offset by a warm relationship with one parent and/or access to other role models and caregivers who meet basic needs for psychological development.[28] This may account for the success of programs like Big Brothers and Big Sisters and the potential for mentoring programs such as those we are now studying on at the Urban Institute. We also know that stresses on the family from substance abuse, poverty, joblessness and lack of social supports increase the risk of family violence and produce conditions of chronic neglect.[29]

Finally, and perhaps most critically, cross cultural studies indicate that the level and prevalence of family violence is highly dependent upon social tolerance for family violence--norms that ignore or endorse violence (such as a man's home is his castle, "disobedient children should be beaten").[30] Media glorification of violence further contributes to, and expresses, social tolerance for family violence. Despite considerable strengthening of state laws against domestic violence in the past decade, strong arrest policies, enforcement of orders of protection, effective prosecution of domestic violence cases, and appropriate, effective sentencing have yet to be implemented in most jurisdictions and further contribute to the impression that assaulting family members is not "serious."[31]

Current Work. Improving the effectiveness of legal remedies for domestic violence victims is the focus of several Urban Institute projects. We evaluated the impact of court-ordered treatment for domestic violence offenders and found it wanting[32]. We're now examining the effectiveness of civil protection orders and the use of mediation in child custody cases involving spouse assault[33]. Next year the Institute, working with the National Council on Juvenile and Family Court Judges, will hold a national conference on Family Violence and the Courts to which two judges and State legislators from each state will be invited.

Recognizing the stress facing many families and the potential damage to children, the Urban Institute has made children's issues a top priorities. One exciting new initiative at the Institute is the Children's Roundtable funded by the Carnegie Foundation. The Roundtable has begun a series of meetings with members of Congress, their staff, and policy analysts to consider children's issues--the first of which was held last July. Under a grant from the Ford Foundation, we held a conference last April on Drugs, Crime and Social Distress: Barriers to Urban Opportunity that included examination of family stress in declining opportunities for mobility.

Recommendations. There is much that can be done to reduce the violence in our homes and there is no better investment for the future of this country. It is one of those root causes that, if ameliorated, can have long-term, lasting benefits. Top priorities should include:

1. Tougher law enforcement and sentencing to protect women and children and send the message that violence against women and children will not be tolerated. These should include, for example, strong penalties directed at violent offenders who cross state lines to assault or murder their partners and/or children in violation of a restraining order by making this a federal offense. While relatively few in number, these offenders are among the most dangerous.

2. Training for law enforcement officers, prosecutors, and judges in administering justice in family violence cases and responding appropriately to the special needs of these cases.

3. Access to safe housing coupled with social services to protect women and children, repair the damage of domestic violence, and avert homelessness prompted by desperate efforts to escape violent homes. This involves support for the greatest resource now available to battered women--grassroots shelters and advocacy organizations--as well as expanded access to Federal, state and local programs that provide housing and social services.

4. Violence prevention programs in high schools and on campuses that deal with date rape, sexual harassment, and conflict resolution skills during the time when relationships and families of the future are being formed.

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# TESTIMONY

DONALD F. SCHWARZ, MD, MPH
CHIDLREN'S HOSPITAL OF PHILADELPHIA
UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE

BEFORE THE

U.S. SENATE COMMITTEE ON GOVERNMENTAL AFFAIRS

HEARING ON YOUTH VIOLENCE PREVENTION

MARCH 31, 1992

Senator Glenn and members of the Committee, I am Dr. Donald Schwarz, a faculty member in the Department of Pediatrics at the University of Pennsylvania School of Medicine and a physician practicing adolescent medicine at the Children's Hospital of Philadelphia. My practice includes primarily urban youth from the western part of Philadelphia. Most of my patients are from poor inner-city families, and the vast majority are African-American. My particular practice interest for the last five years has been with teenage mothers and their infants. In addition to my clinical activities, I have worked for almost seven years as the Principal Coordinator for the Philadelphia Injury Prevention Program, a comprehensive injury and violence prevention program which coordinates the efforts of the Philadelphia Department of Public Health, the Children's Hospital of Philadelphia and the University of Pennsylvania in working with community groups to document and reduce the toll of injury on urban African-Americans. It has been supported by the U.S. Centers for Disease Control. Lastly, and particularly relevant to today's hearings, I was the convener in September, 1991 of the 23rd Annual Ross Roundtable, a national conference sponsored by the Ambulatory Pediatric Association, on Children and Violence. I come before you today to describe some of my experiences in these three efforts, that is my practice with adolescents and teenage mothers, my research with the Philadelphia Injury Prevention Program, and the information discussed at the Roundtable conference in September.

In doing this I want to make three points for you. First, I want to highlight our observation in Philadelphia that not only are African-American boys at high risk of injury and death from violence, but that African-American girls are as well, and that this risk appears to be increasing. Second, that for both boys and girls, our research shows that early adolescence is a period when true primary prevention needs to occur. Finally, I want to transmit to you the sense of the participants at the Roundtable of the prevalence of violence in the lives of all U.S. children, not only poor children, and to suggest that while this baseline level of violence may be more disturbing to those children who live under the social stresses that come from poverty, that violence is important for all our children and youth.

Regarding my first point, that girls need to be the focus of attention as well as boys: When I began to practice with teenagers in 1985, I was well aware of the high incidence of violence-related injury that was perpetrated by and on young men. A large number of my patients were injured during the first year in which I worked as their physician, and a large number admitted to me that they had at times been the perpetrators of injury to other youths. My observation was that this behavior was quite rare among young women, though, I may have been expecting more violence among the boys and so that is what I noted.

In 1987 when I began working with adolescent mothers, I was quickly made aware that they were often the victims of assault. One of our mothers was shot in the face a half block from her home while pregnant with her second child. In addition, their partners were often involved with violence. Five of the first hundred teenage mothers with whom I worked had partners who were murdered during the pregnancy. One in ten of the fathers were in prison at the time of the delivery, usually for drug-related and/or violence-related offenses.

Throughout the last five years of the practice with teen mothers, we have collected information on the mothers regarding mental health, specifically depression. One of my colleagues has long had an interest in teenage mothers and depression, believing that it was an unmet mental health risk in these women. Over time we have followed the rates and levels of depression using standardized questionnaires. In the last two years we have observed a gradual reduction in the number of teens who score as depressed at all. Concurrently, we have found a growing number of these young women are becoming more involved with violent behaviors. The degree of fighting and serious injury is remarkable. Five years ago it was rare for us to have a teenage mother who was incarcerated for any crime. Now it is not uncommon to find the babies of our adolescent mothers in foster care because the mothers have been arrested for assault.

I see a similar phenomenon in the general adolescent practice at the Children's Hospital of Philadelphia, where more and more teenage women report suspension from school and even arrest due to fighting and aggressive behaviors.

I postulate that as our society portrays women role models more like men, that is more violent -- particularly on television and in the movies -- that we are making the expression of aggressive impulses more acceptable for women. The teenage mothers who used to become depressed months after their delivery may now be manifesting their anger and helplessness with aggression and violence.

Let me reiterate, though, this is only my clinical impression, not the result of rigorous and controlled research.

As part of the Philadelphia Injury Prevention Program, we have collected data for four years on every emergency room visit for an injury for a population of 68,103 people of all ages living in 17 census tracts in western Philadelphia. About 10,000 of these people are between the ages of 10 and 19 years. When I look at the proportion of injuries coming for emergency room care that is due to violence, I find that it increases with increasing age throughout adolescence and into young adulthood (see Figure 1). What is remarkable, is that this proportion is identical at every age for young men and young women. That is, the relative chance that an injury to a young man will be due to violence is the same as that for a young woman.

According to the U.S. Department of Justice, Bureau of Justice Statistics, arrests of young women have been increasing for some time. The number of admissions to local jails for female juveniles increased 39% between June 30, 1984 and June 30, 1987 (from 15,963 to 22,247) while the number for males declined by 6% (from 79,617 to 74,970). Certainly, young men are still more likely to be arrested, but it is notable that rates of violent behaviors for women are increasing.

At the Roundtable conference in September that I mentioned, Dr. Murray Straus of the University of New Hampshire shared information from surveys of adults who report having witnessed violence between their parents. While few adults reported violence in which their mothers assaulted their fathers, in those cases where these instances were recalled, outcomes for the survey respondents with regard to their own violent behaviors were remarkably bad. More arrests, more violence against their children, and more drug use. If more women are becoming violent in our society, we must worry about the impacts of this violence long-term on our children and youth.

Regarding my second point, that early prevention is needed: It will not be surprising to you perhaps that violence in both genders increases throughout adolescence. It is well-known that older adolescents' death rates from violence are far higher than rates for younger teens. When we examine our emergency room data, we find that for girls, rates of violence-related injury begin to increase at about age 14. At about age 17 the rate of increase accelerates to the rate that we see throughout young adulthood. For boys, rates begin to increase at age 15 years and climb steadily from there. Figure 2 shows the general distribution of injuries to boys aged 10-14 and those aged 15-19 years. What is remarkable is the great jump in the number of violence-related events.

Certainly, there is a baseline level of violent injury which we see throughout childhood. It is the adolescent increase in this pattern of injury that is disturbing. This increase may be due to any of a host of factors: hormonal changes with puberty; changes in patterns of thinking with cognitive development; changes in the school environment that mean that there are fewer younger children present who may have a stabilizing influence on older children's behavior; the stimulus for aggression that comes with the advent of sexuality and dating; independence issues and the need to establish and protect one's own identity; depression, which is so common among teens; changes in body size which may empower teens or permit predatory behaviors; the issues around "rites of passage" which may make violent behaviors a necessary part of social development; and the lack of education about alternatives to violence which may be an exacerbating factor when added to all of the above changes in puberty. Given the age at which we begin to see an increase in violence-related injuries, age 14 in girls and 15 in boys, prevention needs to occur early in adolescence and needs to be sensitive to the many possible predisposing issues which occur at that time of life.

Let me now make my last point, that the prevalence of our children's exposure to violence is incredible and often ignored. Since beginning practice as a pediatrician, I have been amazed at the number of children who perceive themselves to be in danger of an injury due to violence. Children who have bad dreams or who show aggressive behavior or who have other symptoms which ultimately are found to have been caused by exposure to violence. I am reminded of a young man with whom I worked a number of years ago whose school performance dropped off precipitously and his attendance then began to lag. His mother brought him to my office concerned that he was depressed. We talked at length and tried to identify the timing of when his work began to fall off. Both the boy and his mother could identify that it seemed to relate to the Christmas season, and after a series of sessions, it came out that he had seen one of his classmates mugged and was himself threatened with physical harm if he told anyone. This is not a new story, but quite illustrative of the kind of damage living with violence can cause.

When we ask our teen mothers why they do not attend school, we find, as have other researchers, that a frequent reason is a sense of not being safe either in school or on the way to school. A group of pediatricians in Boston looked into why children didn't attend school and found that fear was a significant reason.

Our injury data show that these fears are not necessarily misplaced. One in 17 young men will visit an emergency room in our western Philadelphia neighborhoods each year due to a violence-related injury. Dr. Bernard Guyer and his colleagues in Massachusetts found in 1979-1982 that one in 42 young men 15-19 years of age from 14 communities across the state visited an emergency room because of a violent injury.

At the Roundtable in September, speakers from across the U.S. discussed the prevalence of violence in our nation. Not only do children see violence at home between family members at alarming rates, but more often they witness violence on television, violence in the media more generally, and violence on our streets. Perhaps one of the best recent examples can be drawn from the pediatricians and parents across the country who had to deal with children who were terrified by the news of war in the Persian Gulf. At the Roundtable, we heard reports about the kinds of trauma experienced by children both whose family members served in the Gulf conflict and those whose imagination allowed them to become terrified that they would be attacked like the children of Iraq, Kuwait, or Tel Aviv.

It was the general consensus of the Roundtable participants that we can no longer think about violence and violent behaviors as abnormal in this nation, given the frequency with which children are exposed to or act out those behaviors. Rather, a message of the conference for pediatric providers was that we need to begin to find ways to help children cope with what has become an everyday reality -- violence in our society.

I believe that this exposure and its constant impinging on our young people may, at least partially, be responsible for some of the changes that I noted earlier not only in increased rates of youth violence overall, but particularly in rates of violence by young women.

My message to you today is thus, not that we need to address the incredibly high rates of violence and injury which affect our African-American and poor children and youth (although certainly we need to address these issues), but rather that we need to address violence in a fundamental and comprehensive way. My experience as a pediatrician has made it clear that children aren't born violent. Children don't particularly like being violent. Children don't like living with violence. Children act and are acted upon by our society in ways which lead to them getting hurt or hurting others. We need to focus attention on saving the indigent urban youths who see their lives as wasted and therefore believe their only alternative is to be violent or to be violated. In addition, though, we need to address the prevalence of violent behaviors and role models in our society as a whole, to find new non-violent models for our children, and to develop new strategies to help our children cope with the violence around them. This will only come with strong adults who can show our youth how to be strong but not violent. As one of my colleagues says, "Kids need to talk to adults." This may be simple, but needs to occur in schools, recreation programs, television, and probably as early as Head Start and day care programs. We need to teach adults how to recognize the models they create for young people and to make those models non-violent ones.

Thank you.

## TESTIMONY BEFORE THE U.S. SENATE COMMISSION ON GOVERNMENT AFFAIRS

MARCH 31, 1992

Gail Breakey, RN, MPH
Director Hawaii Family Stress Center

## YOUTH VIOLENCE PREVENTION

Senator John Glenn, Members of the U.S. Senate Commission on Government Affairs, I am Gail Breakey, Director of the Hawaii Family Stress Center. I am testifying on the efficacy of preventing child abuse as a strategy for prevention of youth violence.

Lisbeth Schorr, in "Within Our Reach", speaks authoritatively and eloquently to the issues of "rotten outcomes" of childhood, of which youth violence is the most dramatic, costly and of immense concern to the greater community. She paints the picture of abusive, neglectful childhoods; the process which results in school dropout, delinquency, substance abuse and addiction, and teen pregnancy. I would like to summarize some additional information and data which speaks directly to the correlations between early child abuse and neglect, and youth violence.

In Hawaii, a family court judge wrote in a 1964 report:

> "Parading youngsters through our courts beginning at age 11 and peaking at age 16 actually bears little impact on our fight to control crime. Far too many juveniles come into courts with antisocial traits so hardened and ingrained that there is actually very little the court can do except retain custody until they graduate into the adult system.... WHAT IS NEEDED IS A SYSTEM THAT REACHES OUT TO THESE YOUNGSTERS EARLY IN THEIR LIVES, LONG BEFORE THEIR APPEARANCE IN COURT, WHEN TREATMENT CAN BE HELPFUL." (Judge Herman T. F. Lum, Hawaii Judiciary Report, 1964)

Psychiatrist Joluom West stated in a 1983 UPI feature:

> " Authorities estimate that of all murders, rapes, and other crimes against persons in the United States, up to 90% are committed by people who were themselves the victims of child abuse.... America's epidemic of violence is worse than any developed nation in the world and must be addressed by an all out assault on its' root cause- child abuse" (Honolulu Star Bulletin; May, 1983)

Psychiatrist Brandt Steele of the C. Henry Kempe National Center on Child Abuse outlined results of a 1976 study in Denver of 100 consecutive first time offenders. Of the 100 youth, 86 had been abused before age two, and most had been abused with a few years prior to arrest.

A study of the Western Psychological Association, (1978), revealed that 100% of inmates incarcerated for violent crime at San Quinton were severely abused as children.

A news series in Hawaii (1976) reported on a study conducted on a group of felons in the Hawaii corrections system. Entitled "Making Of A Criminal, Hawaii Style", it noted that "these people come from homes where as children they experienced violence, loss of parents, abuse, neglect....."

I would like to trace what appears to be the actual process which originates in abuse/neglect, and in many cases results in acting out, violent behavior in persons as they grow up.

- Most severe abuse and deaths occur among children under age five; nationwide the median age of death is 2.6 years.

- Abuse and neglect very often begin early, in the first year of life.

- Leading current research on early child development shows that the foundations of personality - the way a child relates to himself and others is established in the first two years of life. Key emotional and social developmental stages occur in the first weeks and months of life through interaction with the primary caregiver called bonding and attachment, laying the foundations for future relationships. These are years of rapid and critical growth, so that abuse and also serious emotional neglect in this time period is devastating for the developing psyche, causing damage which is very difficult to reverse.

- Ernest Wenke, former Director of the National Council on Delinquency Research Center noted in the 70's:

  > " Thousands of children reach elementary school after much emotional damage has been done to them by hostile and indifferent homes......."

The composite picture, as seen by educators and human service providers is as follows. These children are so fearful and disorganized because of their home situation that they usually have little or no attention span. They also tend to have poor language and cognitive skills, low self esteem and poor social skills. Abused children are often either very aggressive towards other children, or quite withdrawn showing little interest in their environment.

These children are identified and labelled as troubled or trouble makers from the start and usually do predictably poorly in school.

As they grow older, the gap widens between them and successful students, in both behavior and achievement. They are likely to skip school, may start getting into minor trouble with the law, are much more vulnerable to drug abuse, and may drop out of school before graduating, or graduate without basic skills. On the street, they form alienated sub-cultures and the rest is everyday history for police and juvenile courts.

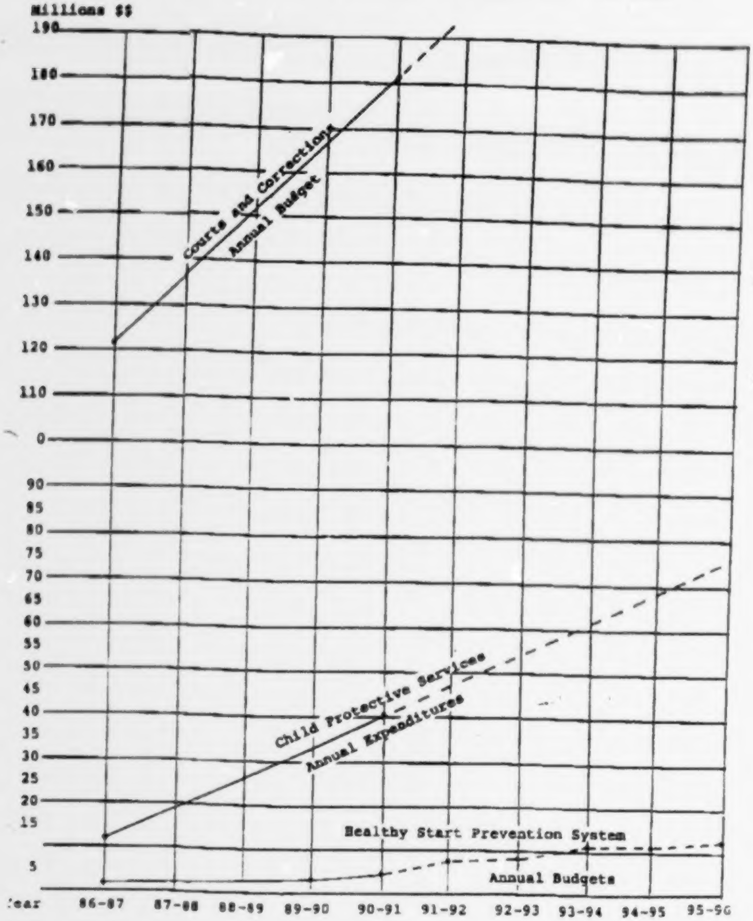
The Healthy Start Program was actually commissioned by the Chairman of Hawaii's Senate Ways and Means Committee, Senator Mamoru Yamasaki, as a effort to prevent delinquency by averting early child abuse and neglect among at risk families. He also saw the link between early abuse and neglect and other social ills such as school dropout, mental health problems, substance abuse, etc. He has actively promoted the expansion of the program to become statewide, as an investment in reduction of future costs of social problems.

The demonstration program saw 241 families over a three year period. There was no abuse and only four cases of mild neglect among these families, for a 100% non-abuse and 98% non neglect rate. There was also no abuse for 99.7% Of families identified as not at risk. Based on these outcomes, our state legislature supported expansion of this program to current levels at which 12 program sites reach 50% of at risk newborns in the state. Services are provided under purchase of service agreements with seven private agencies through the state department of health. Data obtained in 1990 for 1204 families enrolled in the expanding program from 1987-89 showed that replication worked - there was no abuse for 99.7% Of families (four cases) and no neglect for 99.5% (Six cases). Preliminary information on children graduating at age five from the demonstration program showed that these children had received WIC services, were immunized, and two-thirds of them had been enrolled in Head Start by the program. Family functioning had improved considerably for most of these families on several indices.

I will summarize services and key issues for this program. A more in depth article is attached to my testimony. Hospital based assessment is conducted in all the hospitals of the state which provide obstetrical services. This screening processed is aimed at identifying all at risk families of newborns while in the hospital and linking them with the home visiting program located in their neighborhood. Between 85-95% of families needing services accept, a high rate considering that services are voluntary.

Services are provided by paraprofessional home visitors, under the supervision and case management of an experienced professional, usually an MSW or public health nurse. Paraprofessionals are selected for nurturing, non-judgmental and "natural helper" qualities. Home visitors work to establish a trusting relationship which is important as at risk families are alienated and mistrustful of other people and services. This relationship enables the direct services of the worker as well as important
program state-wide, which will be called "Safe Start".

COMPARATIVE COSTS: Prevention, Treatment, and Consequences of Abuse



# Healthy Growth for Hawaii's "Healthy Start": Toward a Systematic Statewide Approach to the Prevention of Child Abuse and Neglect

*by*
*Gail Breakey, R.N., M.P.H. and Betsy Pratt, M.Ed.*
*Hawaii Family Stress Center*
*Honolulu, Hawaii*

In July, 1985, a demonstration child abuse and neglect prevention project began in Leeward, Oahu, a multi-ethnic, mixed urban and rural, fairly depressed community, with more than its share of problems—substandard housing, underemployed adults, substance abuse, mental illness, and child abuse and neglect. Three years later, an evaluation of the program revealed that not a single case of abuse among the project's 241 high risk families had been reported since the demonstration began. There was also evidence of reduced family stress and improved functioning among the families served.

By July, 1990, Healthy Start/Family Support services were expanded to 11 sites through appropriations of almost $4 million by the state legislature and reached approximately 52 percent of at risk families of newborns throughout Hawaii.

The success of the 1985-1988 demonstration project was, of course, gratifying. But what may be even more [illegible]arkable is the institutionalization of the Healthy [illegible]t program within the Maternal and Child Health Branch of Hawaii's Department of Health, and the state legislature's willingness to support the expansion of a program without sacrificing quality. For as Lisbeth Schorr (1987) reminds us

> The temptation to water down a proven model in order to distribute services more widely is ever present. Agonizingly familiar is the story of a successful program which is continued or replicated in a form so diluted that the original concept is destroyed. ... Especially when funds are scarce, there are powerful pressures to dissect a successful program and select some one part to be continued in isolation, losing sight of the fact that it was the sum of the parts that accounted for the demonstrated success (p. 275-76).

In this article, we hope to describe the critical elements of the Healthy Start program and also to examine the processes of collaboration and advocacy that have made high quality expansion possible.

## The Healthy Start model

The Healthy Start approach is designed to improve [illegible]y coping skills and functioning, promote positive [illegible]ing skills and parent-child interaction, promote [illegible]ptimal child development, and, as a result, prevent child [illegible]buse and neglect. Nine complementary features make [illegible] the Healthy Start approach

**1. Systematic hospital-based screening to identify 90 percent of high risk families of newborns from a specific geographic area**

Paraprofessional "early identification" workers review hospital admissions data for childbirths to determine which families live in the target area and are therefore eligible for services. Using a list of risk indicators developed by the Hawaii Family Stress Center (see figure 1), the early identification workers analyze the records of eligible mothers. If a screened record is positive, the mother is interviewed by a worker who has been intensively trained in basic interview techniques and in use of the Family Stress Checklist developed by the E. Henry Kempe Center and validated by Murphy and Orkow in 1985 (Kempe, 1976; Orkow, B., Murphy, S. and Nicols, R., 1985). Families determined to be at risk are encouraged to accept home visiting services; these are described to the families as home visiting, supportive services to assist with problems discussed during the interview and to share information about the baby's care and development. During the three-year demonstration period, 95 percent of families accepted the offer of services.

**Figure 1.**
**Risk Indicators Used in Early Identification**

1. Marital status—single, separated, divorced
2. Partner unemployed
3. Inadequate income (per patient) or no information regarding source of income
4. Unstable housing
5. No phone
6. Education under 12 years
7. Inadequate emergency contacts (e.g., no immediate family contacts)
8. History of substance abuse
9. Late (after 12 weeks) or no prenatal care
10. History of abortions
11. History of psychiatric care
12. Abortion unsuccessfully sought or attempted
13. Relinquishment for adoption sought or attempted
14. Marital or family problems
15. History of or current depression

Systematic identification of at risk families is key to the prevention of child abuse and neglect. The initial Healthy Start demonstration project set up the procedures for screening and risk assessment described above at four major medical centers that served the target population. A quality control review conducted in the third year of the project revealed that it was successfully reaching about 75% of the geographically eligible population as defined by hospital birth records, verified by the Department of Health. Procedures were

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## FEEDING ME

*When I'm hungry, I'm really hungry ... please don't let me wait! I won't understand and I'll get upset and cry.*

*When you feed me, you'll want to be comfortable. I need this too. Sit in a relaxed position, with your arm supporting me. Please look directly at my face so I can see you ...*

*Gently brush my cheek and I will turn in that direction for the nipple.*

Figure 2

instituted at Kapiolani Medical Center, the Regional Perinatal Center where 50 percent of all births in Hawaii occur, to correct factors, such as inaccurate reporting of addresses and lapses over long holiday weekends, that led to missed cases. This process has resulted in 100 percent coverage of eligible families at this medical center. Work continues with other hospitals to establish similar procedures. The systematic identification process holds great promise for targeting prevention programs to specific geographic areas, such as districts, counties, or states, in a systematic, comprehensive manner.

**2. Community-based home visiting family support services, as part of the maternal and child health system**

Once a family has accepted the offer of service, a paraprofessional family support worker contacts the mother in the hospital to establish rapport and schedule a home visit. Initial visits are usually devoted to building trust, assessing family needs, and providing help with immediate needs such as obtaining emergency food supplies, completing applications for public housing, or resolving crises in family relationships. Workers focus primarily on providing emotional support to parents and modeling effective skills in coping with everyday problems. Their "parent the parent" strategy allows initial dependence before encouraging independence. "Do for, do with, cheer on" sums up the workers' philosophy.

Workers also model parent-child interaction. They complete the Nursing Care Assessment (NCAST) HOME Feeding and Teaching Scales (Barnard, 1983) when the infant is four months old to identify problem areas, and again at twelve months to determine progress and modify intervention strategies. Workers use the Hawaii Family Stress Center's own parent-child interaction materials (see Figure 2) as well as Mary Alger's *Mother-Baby Playbook* (1976) and activities from Setsu Furuno's *Hawaii Early Learning Profile* manual (1984).

**3. Individualizing the intensity of service based on the family's need and level of risk**

A system of "client levels" and "weighted caseloads" is designed to ensure quality service for families and prevent burnout among staff. All families enter the program at "Level I" and receive weekly home visits. The decision to change a family's level is based on criteria such as frequency of family crisis, quality of parent-child interaction, and the family' ability to use other community resources. As families become more stable, responsive to children's needs, and autonomous, the frequency of home visits diminishes. A family's promotion to Level IV means quarterly visit status, and quarterly visits continue until the target child is five years old. Thus service intensity is constantly adjusted to the needs of the family, assuring that families who are doing well move along, and those needing more support are not promoted arbitrarily.

The system of client levels assists in caseload management. In the first year of a program, all families would be Level I; the caseload for each worker would be no more than 15 families. In the second year, some families would have progressed to Levels II and III; the average caseload would be 20 families. By the third year of a program, the average caseload would be about 25 families.

**Linkage to a "medical home"**

As its name suggests, the Healthy Start program emphasizes preventive health care as an important aspect of promoting positive child development. Each family is assisted in selecting a primary care provider, which might be a pediatrician, family physician, or public health nursing clinic. Project staff use a special computer system to track both due dates for well care visits, using the child's age and the schedule of visits recommended by the American Academy of Pediatrics, and for NCAST visits. Each worker receives a monthly printout of the children in her families who are due for visits, and follows up to make sure that the visit is scheduled and the family has transportation. Family support workers routinely conduct RPDQ's and make referrals for follow-up Denver Developmental Screening Tests as indicated. The program's office manager or the family support worker contacts the pediatricians' offices as necessary to obtain results of developmental screening. Case conferences involving the physician, worker, and staff of any other agencies involved with the family have been held as necessary to review cases of significant biological or environmental risk and to coordinate preventive interventions.

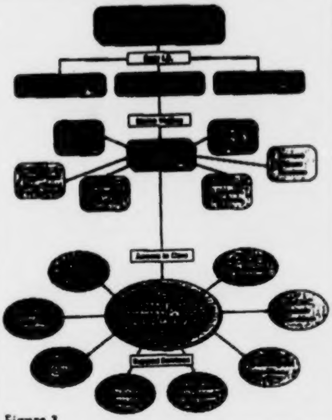
Approximately a year after the Leeward Healthy Start pr ct began, a Federal Maternal and Child Health SI NS (Special Projects of Regional and National Si icance) grant funded "piggyback" efforts to nhance pediatricians' involvement with project amilies. The SPRANS effort was designed to increase ediatricians' awareness of the "new morbidity" and he needs of at-risk children. At the same time, the roject educated families about the need for well care, n addition to episodic sick care, and helped them to se physicians' services more effectively.

The Medical Home Project now operates under the uspices of the Hawaii Medical Association. The effort as gained national recognition and a second grant, to urther develop the concept of the medical home and provide technical assistance in initiating similar rojects throughout the United States.

**Coordination of a range of health and social services or at risk families**

Coordination of services is a major feature of the ealthy Start program. Because high risk families enerally lack trust in people and services and thus do t reach out for help, those families who need service ost are the least likely to seek them. As it reaches t to and builds trust with high risk families, Healthy art is in a position to coordinate a wide range of rvices to families. The Healthy Start Model (figure rates its approach to connecting families to the , most commonly available in communities.

**Continuous follow-up with the family until the ild reaches age five**



The Healthy Start Model

Figure 3

An earlier service program stopped following families once they were no longer considered "high risk." In a number of these families, cases of child abuse and neglect were reported later. Family situations can deteriorate, and the birth of subsequent children can add to family stress. Learning from our earlier experience, we designed the Healthy Start program to maintain follow-up until the target child reaches age five and enters school. At that point, the educational system provides at least some link between the family and the larger community.

**7. A structured training program in the dynamics of abuse and neglect; early identification of families at risk; and home visiting**

A standardized training program has allowed Healthy Start to share experience with new teams and establish uniform standards of service delivery as the program expands. All training is coordinated through the Healthy Start Training and Technical Assistance (HSTA) Team.

Training is provided in three phases. In Phase 1, all new teams participate in a five-week orientation, which includes a core curriculum developed collaboratively by educators, human service providers, medical professionals, home visitors, and social service administrators. During the orientation, managers and supervisors, early identification workers, and home visitors receive training specific to their jobs. Trainees "shadow"

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experienced workers and visit community resources. The training for early identification workers typically takes three days of specialized instruction plus several weeks of closely supervised work.

Four to six months after Phase I training, all staff attend a five-day advanced training session. This Phase II training reinforces key concepts and introduces additional concepts that workers would have been unlikely to absorb during the orientation.

After a team's first year of operation, it begins to participate in Phase III, or inservice training. Each team receives four half-days of inservice training per year at its own site, choosing topics from a menu of offerings distributed annually. This mechanism has been particularly useful for programs in remote areas of the state.

A fourth phase of training, "Health Start Supervisor Training," is being implemented this year, following the HSTA Training Team's participation in NCCIP's 1990-91 Training of Trainers Intensive Summer Seminar and follow-up program. This training focuses on the supervisor/home visitor relationship in its broadest sense.

Training for all phases is provided by the HSTA Team and by community consultants who have been identified as both experts in their field and very good presenters. We have found that including consultants has increased awareness of Healthy Start among other community agencies and the University, helping to enhance overall service coordination. The HSTA Team also provides regular technical assistance through visits to all Healthy Start sites, thus assuring standardized practice and clear communication among all teams statewide.

The Healthy Start Network, comprised of managers and supervisors from each team, meets each quarter for planning and program development. This mechanism has resulted in a close network with a shared mission, rather than seven agencies working in isolation.

### 8. Collaboration with the Hawaii Coordinating Council for Part H of P.L. 99-457 (now P.L. 101-476) to serve environmentally at risk children

The State of Hawaii has included children at environmental risk in its definitions of eligibility for services under Part H of P.L. 99-457 (now the IDEA, Individuals with Disabilities Education Act, P.L. 101-476). Healthy Start staff testified before the legislature as to the need for including environmentally at risk infants and toddlers and for funding care coordinators and a tracking system.

Currently, Healthy Start refers children with identified developmental delays to the local Zero to Three Project (Part H) care coordinator, who arranges with child development centers for early intervention. Healthy Start and Part H staff are working collaboratively to develop a format for the Individualized Family Service Plan.

The Zero to Three project has funded a child development specialist for the Leeward project, who will work with families needing special monitoring. Legislation is being proposed to add child development specialists to other Healthy Start staffs as well.

### 9. Staff selection and retention

Teams consist of 5-8 paraprofessional and supervisory staff, based on an agreed upon ratio. This ratio is 1:5 for supervisors and 1:3 for managers also carrying administrative responsibilities.

For managers, we look for masters level professionals who have both clinical experience with dysfunctional families and supervisory experience, preferably with paraprofessional staff. Selecting the right staff for each role is critical to both program effectiveness and staff retention.

We find that home visiting and early identification offer different job satisfactions, and applicants can usually tell which position would be more suited to them. EID workers like the sense of a task completed, while home visitors gain satisfaction from ongoing projects. In our interviews, we often use a sewing example: Some people like to sit down and finish a project, and hate to have it go over into another day. Others like to make quilts, a long-term, slow project. Home visitors are the quilt makers.

We look for similar personal qualities in both home visitors and EID workers—empathy, compassion, inner strength, high self-esteem, nonjudgmental attitudes, and status in their neighborhood or family as a natural helper. We have found that people who have experienced abuse themselves burn out more quickly than those who have had more nurturing childhoods; we ask prospective workers the same questions about their childhood experiences that new parents are asked during the EID interview.

Having hired good staff, we work to keep them. Staff members have identified several aspects of the program that are meaningful incentives to stay:

- Flexible hours (within reason), including time for family obligations like school conferences;
- An atmosphere of trust and caring through all levels of management;
- Tuition reimbursement for relevant continuing education;
- Emphasis on the significance of the project and the staff's contribution (including prompt feedback about all evaluation outcomes, linking these to outstanding staff performance);
- A system of salary increases that gives paraprofessional staff opportunity for advancement; regular raises are linked to demonstrated competence, experience, education and leadership qualities.

### Evaluation of Healthy Start

We have a word of advice for anyone who hopes eventually to expand a model program: Invest in evaluation. Although the temptation to skimp on process and outcome evaluation in order to provide more direct services is ever-present, our advocacy efforts would have been useless without impeccable evaluation data. Our evaluation provided the foundation for our advocacy. A good program, a strong evaluation, and collaborative advocacy were all essential to expansion toward a statewide system.

The Healthy Start demonstration project provided family support services to 241 high risk families. Of these, 176 had received services for at least one year at the time of outcome assessment at the end of the three-year demonstration. The outcome data reflected dramatic success in reaching our goal of identifying families at risk for abuse and neglect, and in preventing abuse and neglect in those families. A study of Child Protective Services (CPS) reports of confirmed abuse and neglect reports revealed:

- No cases of abuse of target children among project families;
- Only four cases of neglect (involving two percent of families) during the three year project, all reported by project staff to CPS;
- No abuse for 99.5% of all families identified by the initial hospital screening as not at risk.

Project staff identified a total of five infants as falling within the "imminent harm" category during hospital intake or later during service. Following Family Court Act provisions, staff referred the families to Child Protective Services; all families were followed by the project.

Although clinical outcomes were not assessed with sufficiently stringent procedures to serve as indices of the project's effectiveness, there are indications of positive outcomes. Early Identification Workers who conducted initial risk assessments completed a second interview with families upon their graduation to Level IV. (Since these workers were not the families' home visitors, their assessments are less likely to be influenced by a close relationship.) Once "non-changeable" risk factors, such as parents' experiences of abuse in childhood or a history of CPS involvement, were eliminated from the analysis of pre and post scores, 98 percent of the 42 clients who were promoted to Level IV in the three years of the program showed a reduction of 40 ) 100 percent in their risk scores. The families who were promoted to Level IV also showed improvement on the NCAF and HOME scales, thus confirming the home visitors' judgments of their improved functioning.

In 1988 Craig Ramey and Donna Bryant of the Frank Porter Graham Child Development Center conducted an on-site evaluation of the overall program, contextual features, and process variables. They gave the project high marks in administrative organization, training and management of direct service staff, and quantity and quality of service delivery. They found "more esprit [illegible] among this group of home visitors than among [illegible] we have ever encountered, (with) no turnover (p. 8)." Ramey and Bryant described Healthy Start as a good example of cost-efficient public-private partnership, developed and administered by the private sector under purchase of service agreements with the state Maternal and Child Health Branch.

Data have just been analyzed for 1,204 at-risk families enrolled in expanded services state-wide during FY 1987-89. There was only one case of abuse (a 99.99% non-abuse rate), and six cases of neglect (a 99.95 non-neglect rate). In addition, there was no abuse or neglect among fourteen drug-exposed infants and six cases identified as "imminent harm" situations which were reported by the programs to protective services. These results are extremely exciting, as they prove the viability of effective replication of this program.

**Statewide expansion**

Expansion of Healthy Start toward a statewide system might best be described as an achievement of "collaborative advocacy." Our efforts go back to 1976 and our excitement about results from our first early identification and home visiting program. We started a Statewide Council on Child Abuse and Neglect, with representation from committees from five neighbor islands. Federal and state funds supported a prevention project on each island, but when the federal grant ended in 1980, staffing was cut by half.

We realized that we needed another demonstration project. In 1984, during the Hawaii Family Stress Center's annual lobbying for prevention before the state legislature, we met with Senator Yamasaki, Chairman of the Ways and Means Committee of the Hawaii State Senate. He saw merit in the idea of a demonstration program with comprehensive coverage of one geographic area, a focus on child development and linkage to a medical home, and follow-up to age five. He supported funding for Healthy Start at $200,000 a year, with the intent to expand statewide if the model were successful.

Armed with data showing no abuse among project children during the first 18 months of Healthy Start, we went back to the legislature for support for an incremental approach to statewide expansion. Through quarterly statewide meetings, we had maintained a relationship with the five neighbor island Family Support Programs. They and the two other agencies on Oahu with home visiting experience joined us to develop a statewide plan. Expansion of the Healthy Start model created no turf issues for the five Family Support Programs, since each served a distinct island community. On Oahu, home to 80 percent of Hawaii's population, there were turf issues to be resolved. The Hawaii Family Stress Center and the other home visiting agencies discussed the areas of Oahu that each was interested in serving. We also recognized that long-established programs did not have to adopt every detail of the Healthy Start model, as long as each program included essential features—i.e., intake at birth, creative and sustained outreach, and follow-up to age five.

The Stress Center developed projections and a budget for the expansion proposal, with agreement from the other agencies. We also developed good "visuals" for our presentation to the legislature, such as a graph comparing the costs of courts and corrections, protective services and prevention services statewide. It is essential to have both impact data and data on the costs of not providing prevention services.

**Figure 4.**
**Proposed Standards for Healthy Start/Family Support Programs**

- Intake prenatally or at birth (2-3 months maximum age of infant at intake)
- Intake from defined target area (e.g., census tract) only
- Home visitor service for all infants from defined target area whose families are assessed as high risk by early identification workers, until maximum caseload capacity is reached
- Intensity of service based on needs of family
- Long-term home visitor service for all high risk families (3-5 years)
- Creative outreach approach for a minimum of 3 months to build client trust in accepting services
- Supervisory ratio of one professional to five paraprofessionals
- Defined worker caseloads (15 families in project year one; average of 20 families in year two; average of 25 families in year three)

For this legislative session, we worked with the Health Committee Chairmen of both the House and Senate to begin expansion of Healthy Start. We targeted our educational efforts first toward the chairs of the Health, Finance, and Human Services committees, and then to committee members. Our efforts to educate legislators about the prevention of child abuse had begun in 1976; some ten years later, our work seemed to begin to take hold. There were overnight changes in committee reports and behind-the-scenes maneuvers by at least one opponent of the program. The situation required careful watching, astute lobbying, and no end of patience. By the end of the legislative session, three new programs were funded.

Our major expansion effort came in 1989, after the data from the three-year demonstration project was available. We met with the whole Network and discussed how to prepare target group projections and budgets. Then each agency prepared its own program plans and budgets within the Network's agreed-upon guidelines (see figure 4). Each agency in the Network also participated in the lobbying/advocacy process and in ongoing program development. Our plan envisioned systematic screening and home visitor capacity sufficient to serve all at risk families identified in each geographic area of the state.

At this point, we needed more funding but did not require new authorizing legislation. Support for the Healthy Start model increased among legislators, with few suggestions for dilution. In our presentations to legislatures we try to make a few points very clearly:

- Healthy Start is designed to serve each geographic area comprehensively.
- Our model, in its entirety, is what produces the outcomes we see.
- Anything less will not get the results.

**Figure 5.**
**Milestones in the Development of Healthy Start**

| | |
|---|---|
| 1975 | Small screening program; home visiting team of three workers |
| 1976 | Established State Council on Child Abuse and Neglect |
| 1977-1980 | Established five additional family support programs |
| 1982 | Renewed legislative advocacy |
| 1985-88 | Healthy Start demonstration project |
| 1988 | Expansion of Healthy Start to four additional sites; Healthy Start placed under Maternal Child Health Branch |
| 1989 | Expansion to total of 11 sites |

Data projections and budget preparation are constant challenges. It is important to develop projections for each geographic area; among other things, this process allows us to show every state legislature what is needed to serve his constituency. We have developed a complex formula that takes into account the current number of births, projected growth in the birth rate, the number of families that projects can be expected to screen, and the number of families unlikely to accept services. To project a program's caseload over five years, we consider the number of newborns expected to enter the program annually, the number of families carried over from the previous year, and anticipated attrition. There will always be surprises. For example, the housing shortage has resulted in major shifts in the populations of low-income families.

**A statewide program: Surviving and thriving**

The situation of Healthy Start is unusual: The impetus for its establishment came from the private sector, but it is now institutionalized within the public sector. A statewide program must have a place within the established structure of state services in order to survive and thrive. Our program was placed in the mental health system from 1982-1988. The arrangement did not work well in our case, although it could conceivably work elsewhere. The Maternal Child Health Branch (MCHB), in contrast, has been a tremendous support to the development of Healthy Start as a statewide program. MCHB has provided a focus for coordination of all agencies, efficient contract management, monitoring, data collection, and advocacy for the program, both within the Department of Health and the larger community.

All members of the Healthy Start Network agree that the program needs to be completely statewide within a few years. Our current legislative effort is focusing upon providing existing programs with sufficient resources to maintain intake of newborns, which requires adding some staff each year, and to recruit and retain qualified staff. Next year or in the next biennium we will again pursue expansion, possibly bringing one or two new service agencies into our Network.

The issue of multiple sources of funding for a statewide program also deserves attention. It is a great deal to ask of a state legislature to fund a program as broadly based as Healthy Start from state revenues alone. Such a strategy would surely result in "dilution" eventually. Instead, we plan to use other funding sources as appropriate and available. For example, case management and potentially home visiting services are reimbursable under Medicaid. Part H may be able to reimburse us for development of Individualized Family Service Plans. We need to look also at the challenge grants within the National Center on Child Abuse and Neglect, which currently provides incentive matching to states through the Children's Trust Funds.

Healthy Start offers a systematic and highly effective approach to prevention of child abuse among the most vulnerable population—infants and toddlers at risk. It gives an excellent opportunity to focus on promotion of child health and development of these children. Moreover, it coordinates a range of services to the most needy families of a community.

In *Within Our Reach*, Lisbeth Schorr defined six challenges to efforts designed to prevent "rotten outcomes" of childhood. Healthy Start offers a solution for the challenges of knowing what works, proving we can afford it, attracting and training skilled and committed personnel, resisting the lure of dilution in replication, "gentling the hand" of bureaucracy, and devising replication strategies. Schorr further challenges programs to develop methods of linking populations at risk with needed services, clearly a major contribution of Healthy Start. We look forward to collaborating with colleagues to meet remaining challenges in accomplishing this most worthy goal, so that all of our children may have a safe and healthy start in life.

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## *Calls for Papers:*

**The World Association of Infant Psychiatry and Allied Disciplines (WAIPAD) is accepting submissions for its Fifth World Congress, entitled "A Future for Babies: Opportunities and Obstacles," to be held September 10-12, 1992 in Chicago, Illinois. Submissions are invited for symposia, workshops, clinical teach-ins, posters, and videotaped presentations on three themes: 1) psychological aspects of medical illness and technology; 2) infant-caregiver relationships; and 3) development and psychopathology. All submissions must be received by August 1, 1991.** For submission forms and information about the Congress, write to Charles Zeanah, M.D., Women & Infants Hospital, 101 Dudley Street, Providence, RI 02905, or call Jo Sawyer, tel: (312) 621-0654.

The Literature Prize Committee of the **Margaret S. Mahler Psychiatric Research Foundation** is now accepting papers to be considered for the 1991 annual prize of $750, which will be awarded to the author of an original paper which deals with clinical, theoretical or research issues specifically related to Dr. Mahler's concepts of separation-individuation in child development. For more information contact Harold Blum, M.D., Acting Chairman, Margaret S. Mahler Literature Prize Committee, 23 The Hemlocks, Roslyn Estates, NY 11576.

**Infant-Toddler Intervention**, a new journal for early interventionists, invites manuscript submissions from early interventionists in all disciplines. Articles may be based upon empirical or clinical data and should be directly relevant to contemporary issues in early intervention. Manuscripts in APA style may be submitted in duplicate to Louis Rossetti, Ph.D., Editor, Infant-Toddler Intervention, Speech and Hearing Clinic, University of Wisconsin-Oshkosh, Oshkosh, WI 54901.

BEST COPY AVAILABLE

"ALL U.S. CHILDREN WILL RECEIVE THE HEALTH CARE AND PRESCHOOL TRAINING THEY NEED TO BE READY FOR PRIMARY SCHOOL."

(One of six Goals for U.S. Schools - President and Nation's Governors - February, 1989)

HFSC

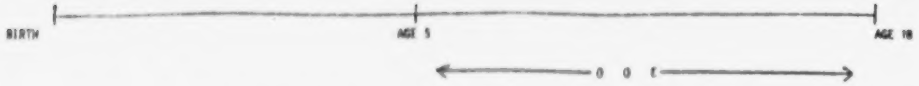
- Abuse, neglect
- Chaotic home environment
- Inconsistent health care
- Little parental support/guidance
- Delayed language, social skills

ENTERS SCHOOL

Vulnerable To:

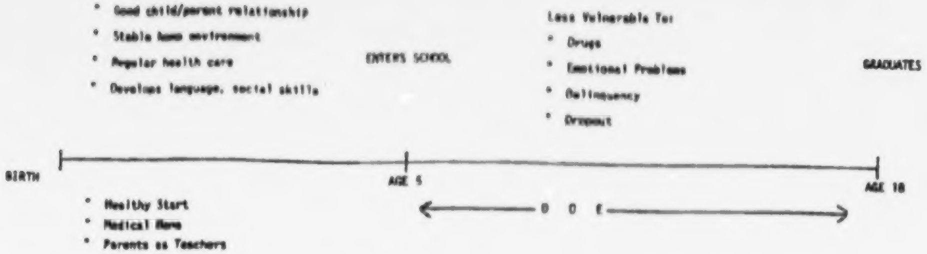
- Drugs
- Truancy
- Delinquency
- Dropout

UNLIKELY TO GRADUATE



**NOT SCHOOL READY: Emotionally upset (can't concentrate) + Behavior problems + Low self-esteem + limited language skills =SCHOOL FAILURE

HFSC 8-14-91



** SCHOOL READY: Emotional strength (can concentrate) + Social skills + High self-esteem + Verbal, reasoning ability = SCHOOL SUCCESS

HFSC 8-14-91

## CHILD ABUSE, CONSEQUENCES ARE EXPENSIVE

| | |
|---|---|
| Child Protective Services (Est. Average Cost/Case: Investigation, Case Management, Foster Care, Intervention POS) | 12,602* |
| One School dropout/year (Social costs, taxes per Berman Report) | 4,600 |
| Youth Runaway Shelter; Individual per year (Hale Kipa) | 36,000 |
| Hawaii Youth Facility, Individual/Year | 40,000 |
| Oahu Community Corrections Center, Individual/Year | 30,000 |
| Foster Care for Abused Child to Age 18 | 123,000* |
| Lifetime Institutionalization for Brain Damaged Child | 720,000 |
| Total Annual Costs of Child Protective Services (DHS estimate, includes related child welfare services and POS | 40,000,000 |
| Estimated Annual Costs of Property Crimes | 40,000,000** |
| Courts and Corrections | 182,441,269 |
| One Class of School Dropouts (Social costs, lost Taxes over a lifetime; Berman Report) | 240 Billion+ |

## PREVENTION IS COST EFFECTIVE

| | |
|---|---|
| Average Annual Cost/Family for Healthy Start (Often covers several children) | 2,200 |
| Annual Projected Cost For Full State-wide Program For FY 1992-93 | 9,068,715 |

* Total estimated expenditure divided by number of annual reports

** 1976 figures; update not readily available

+ 1987 data = expected cost of two Gulf wars!!

George V. Voinovich
GOVERNOR

COMMISSION ON MINORITY HEALTH
77 South High Street, Suite 745 Columbus, Ohio 43266-0377
(614) 466-4000

**TESTIMONY**
**United States Senate**
**Committee on Governmental Affairs**
**Presented by State Representative Ray Miller**
**Chairman, Ohio Commission on Minority Health**
**March 31, 1992**

Mr. Chairman and esteemed members of the Governmental Affairs Committee, I am saddened by the reason necessitating this occasion. Youth violence is consuming our communities, claiming countless lives, extinguishing the hopes of our most valuable natural resource, the future of our young. I am State Representative Miller, Chairman of the Ohio Commission on Minority Health. The Commission was the first of 21 state initiatives created in response to the devastating premature, often preventable, loss of life documented in Black, Hispanic, Native American Indian and Asian communities. The prevention of violence, since our inception in 1986, has constituted one of six primary focus areas.

## Background

Premature death or serious injury from assault is a significant threat for all American youth. The Children's Defense Fund (1991) estimates that teenagers are victims of violent crime at twice the rate of the adult population over 20. Homicide rates among all children and youth have doubled for each age group during the last 25 years (O'Carroll and Smith, 1988), and homicide now stands as the second leading cause of death by injury among children across all races and ages (Rodriguez, 1990).

Within this population, African-American youth face disproportionate risk for becoming victims of violence. According to the National Center for Health

Statistics (1990), homicide was the leading cause of death for African-Americans, both male and female, between 15 to 34 for all years between 1978 and 1987. Murders of adolescent and young adult African-American males during these years totalled 20,315 and accounted for 42% of all deaths in the age range of 15-24 (Centers for Disease Control, 1990), making this age, gender and racial group the sub-population of greatest risk. Of particular concern is the recent rise in homicide rates for African-American adolescents. Between 1984 and 1987, the homicide rates for African-American male teenagers (15-19) increased 55%. The mortality rate of adolescent African-American youth far exceeds that of White male teenagers. National Center for Health Statistics figures (1990) show:

- African-American males between 15-19 are homicide victims at an annual rate of 59.6 per 100,000, compared to a rate of 8.5 for their White counterparts;
- Comparable figures for 10-14 year-olds indicate a murder rate of 4.6 for African-American males and 1.2 for White males;
- African-American females between 10-19 are four times more likely to be homicide victims than White females of the same age.

African-American youth also appear to be over-represented as victims of non-fatal violence, known to be far more prevalent than homicide. Bell (1987) has referred to Black-on-Black homicide as "simply a measurable tip of the iceberg of Black interpersonal violence" (p. 218). Investigations have pointed to the limitations in empirical studies which have attempted to describe the nature and extent of these "lesser" forms of violence such as assaults, physical child abuse or domestic violence with the African-American community (e.g., Lockhart & White, 1989). In general, reports of the incidence and prevalence of non-fatal violence are thought to under-represent the extent of the problem (Christoffel, 1990). O'Carroll (1988) has estimated that such violence episodes may be 100 times more frequent than homicide.

The major costs of homicide are clearly measured in the personal tragedy of loss of life and the waste of human potential. In a financial context, there are no reliable estimates of the dollars expended for medical care, legal and social investigations, and interventions related either to non-fatal assaults or to homicide (Christoffel, 1990). Potential consequences include long-term institutional care, rehabilitation services and support services to victims and/or their families. In 1982, the Massachusetts Statewide Injury Prevention Program estimated the cost of all childhood injuries (including motor vehicle accidents, falls, burns, etc.) at more than $7.5 billion dollars per year (Rodriguez, 1990).

As terrible as carnage, maiming, murder and gross violation sound as descriptions of the problem, there are not words in the English language to adequately convey the senseless pain and suffering in the streets and in the households of America. Those affected are not nameless, faceless statistics. They are our children, parents, friends and neighbors. I will not recant the data reflecting Ohio's loss, although included in my written testimony submitted to this committee. You only need look outside the doors of this historic place to see the bodies strewn throughout neighborhoods.

Ohio exemplifies the magnitude of teen violence nationally. Whether victims or perpetrators, their lives and ours are immeasurable altered.

In 1986, while conducting public hearings throughout the state, the wails of pain, anguish, fear and outrage were resounding. By 1987, the Commission began funding demonstration projects in response to the communities' need to stem this growing crisis. They knew that this was not a problem that could be addressed by the criminal justice system alone. That response was a knee-jerk effort coming too late to preserve the dignity of life.

Since that humble beginning, the Commission has funded 10 diverse efforts to prevent and reduce the onset of violent behavior.

Although a number have shown promise of meeting the goal, one has demonstrated significant impact. The PACT (Positive Adolescent Choices

Training) Project, developed by Dr. Rodney Hammond at Wright State University in Dayton, is a health promotion/risk reduction program developed in response to the need for violence prevention programming targeted specifically to African-American adolescents. The project, conducted in an urban middle school, builds on research in primary (universal) and secondary (group specific) prevention programs. This structure suggests that such interventions are most successful with economically-disadvantaged and minority youth when developed with sensitivity to racial, ethnic and cultural issues.

The project demonstrated impact with the targeted population. It also develops a series of training tapes with a manual to teach others to utilize the PACT approach, which focuses on the problems of interpersonal violence, emphasizing communication, negotiating and problem solving as acquired skills to enhance the capacity of adolescents to form and maintain violence-free relationships. Subsequently, PACT has received on-going funding from the Governor's Office of Criminal Justice.

The Commission now funds Wright State to implement a demonstration project aimed at teaching parents these skills. In spite of the success with adolescents, they found adolescents returning home from school to violence-laden environments. The parent component, called IMPACT, after six months of operation, is indicating remarkable results.

Subsequently, the Commission has received a three-year MCHIP grant from the Maternal and Child Health Bureau of DHHS-PHS, for the Positive Emotional Capacity Enhancement (PECE) Project for $450,000 over three years to provide violence prevention training in Ohio, regionally and nationally.

Ohio's strategy is designed to be deliberate and comprehensive. Between 1987 and 1992, the Commission provided funds to replicate existing programs which showed promise and develop community-based initiatives to establish diverse approaches to violence prevention. Projects focused on culturally-relevant parenting skills, a rape prevention initiative, violence prevention curriculum, teaching negotiating skills to deal with anger, diversion and self-actualization programs in both correctional institutions and juvenile justice facilities (see sample outcomes in appendix).

It was our intention to allow community-based agencies tremendous discretion, based on documented need, to develop innovative and non-traditional initiatives.

While this approach has been critically successful, it has taken precious time and we needed to increase awareness among providers and the community.

By 1991, a partnership was forged between the Commission and CDC, the Office of Minority Health, the Ohio Department of Health the Office of Congressman Stokes and Morehouse School of Medicine. This effort targeting Blacks and Hispanics resulted in a two-day symposium for 250 representatives of multi-disciplinary professional groups and indigenous leaders. The symposium resulted in consensus recommendations including areas of victimization, gang violence, ethnic variations in violence, the criminal justice system and political responses, which formed the core for the beginning of Ohio's strategy to prevent violence statewide.

The impetus of that collective effort immediately resulted in the creation of local initiatives, including the Columbus Violence Reduction Coalition and a plethora of campaigns in every major city in the state for Minority Health Month 1992. Celebrated since 1989, Minority Health Month is a high-visibility health promotion/disease prevention campaign which has grown from 87 events to more than 300 events in four years. Funded via State support via mini grants, the campaign involves the public and private sectors.

The inclusion of violence prevention as a community-focused activity increased from no activity in 1989 to more than 30 scheduled events for 1992. This increase attests to the community's perception of the severity of the problem as well as the perception that the community is capable of preventing violence.

The next statewide phases of the plan is scheduled to occur in June 1992. With funds secured from the Gund Foundation of Cleveland, the Commissions on Minority Health, Dispute Resolution/Conflict Management and Spanish Speaking Affairs will conduct a two-day multi-disciplinary, cross-cultural session. Teams of 20 participants from eight Ohio cities supported by local foundations will complete the "planning" begun in December.

A comprehensive synopsis of national, state and local funded and non-funded initiatives has been compiled. From this forum we anticipate decisions relative to which models will collectively address the needs of communities statewide. The models selected and service gaps which are identified will be addressed in October 1992.

The Commission will implement phase III, capacity building, on October 1 - 3, 1992, at a national conference, "Prescription for Good Health: A Vision for the Future of Minority Health." The three-day conference includes comprehensive violence prevention focusing on experientially-based training. Minimal proficiency levels for those models selected by the community assures that on October 4, Ohio will face its most significant challenge: securing funds to implement a violence prevention plan in our state.

From the outset, we believed that change was only possible through the collective efforts of public/private funders, providers and the community. In less than one year, we have accomplished this goal -- giving us and you reason for optimism and hope.

Unfortunately, violence prevention is not an exact science. If there was one etiological agent among a single population, a single, targeted strategy might be appropriate. What we know is that the reasons and occurrences are varied, demanding diverse strategies encompassing education, training, employment, living conditions, habilitation, rehabilitation, health, medicine, mental health, the criminal justice system, clergy and the community itself.

This tragedy did not manifest itself overnight and results will not be achieved instantaneously. High visibility glitz campaigns lacking substance must be avoided at all cost. This approach serves to frustrate the community which recognizes the futility of the effort and exacerbates the problems by providing perpetrators with a false sense of security that nothing will be done; we really don't take this problem seriously.

We must:

1. Commit resources, both financial and intellectual, to stimulate the development of comprehensive, cross-disciplinary approaches which mandate community involvement.

2. The funding provided by the Centers for Disease Control, Bureau of Maternal and Child Health, Office of Minority Health, and others must cross departmental lines to create coordinated service delivery systems and encourage innovation in addition to replication when necessary.

3. Technological resources should be consolidated to create a clearinghouse so that every state does not "re-invent the wheel" to begin to address this complex problem.

4. Gun control is an absolute necessity since guns are involved disproportionately in all aspects of violence.

5. Addressing this critical problem cannot be held hostage to the need for evaluation. Nothing in the prevention arena for health and human services is adequately evaluated. Minimal performance standards and realistic outcome criteria, not program design, should be the responsibility of funding sources, not providers.

6. The momentum begun by the Centers for Disease Control, Office of Minority Health and others is appropriate and necessary. It is easier to those entrenched in the states to identify the problems than to

develop the capacity to implement strategies for solutions. With the assistance of Dr. Vernon Houk, Dr. Mark Rosenberg and Dr. Reuben Warren from the Centers for Disease Control, Dr. William Robinson, Dr. Samuel Linn and Gerrie McCannon from the Office of Minority Health, a forum was provided to Ohio to explore successful models and develop a comprehensive prevention strategy. It clarified what we must do to begin to train professionals and indigenous leaders to provide services.

7. The intricate relationship between substance abuse and violence cannot be overlooked. The need for affordable, accessible treatment and culturally-relevant community-based treatment facilities is prominent in this mosaic. Although all violence is not linked to substance abuse, it is prominent enough to highlight the fact that on average, in Ohio, approximately three indigent detox beds per county are available for treatment, an insufficient number of outpatient facilities are available and too few providers represent culturally-diverse populations.

Mr. Chairman and members of the Committee on Governmental Affairs, I appreciate the opportunity to appear before you today. Ohio is serious about preventing violence in minority communities and the Ohio Commission on Minority Health serves as the catalyst. We look forward to working with you and all our partners in the public and private sectors to save our young; thereby saving our most precious resource.

# THE PREVENTION OF YOUTH VIOLENCE

Ronald G. Slaby, Ph.D.

Harvard University
Cambridge, MA
&
Education Development Center, Inc.
Newton, MA

Testimony to be presented to the U.S. Senate
Committee on Governmental Affairs
Dirksen Senate Office Building
Room 342
3/31/92

## The Prevention of Youth Violence

Ronald G. Slaby, Ph.D.

Mr. Chairman, members of the committee, and distinguished visitors -- allow me to introduce myself. My name is Ron Slaby. As a developmental psychologist, I have for more than 20 years investigated how individuals learn patterns of violent behavior, and what can be done to reduce or prevent violence. I am currently a senior scientist at Education Development Center in Newton, MA, a core faculty member at the Harvard Injury Control Center, and a lecturer and instructor at Harvard University. My work and experiences in this area are described in the biographical sketch and the curriculum vita submitted previously to this committee.

I am here today, at the invitation of the Senate Committee on Governmental Affairs, to address two broad questions:

- What do we know about the problem of violence in America?
- What can be done to reduce and prevent violence in America?

To address these questions, I will draw from what I have learned through my participation in a number of recent forums on this topic, as well as from my own research with preschool children, middle school children, and adolescent violence offenders. Because several recent forums on this topic have addressed these same questions and produced documents that may be of further interest to this committee, I will briefly reference them and describe my role in each.

Recent Forums on Violence Prevention

(1) I served as an advisor to the Carnegie Foundation's Conference on Violence Prevention for Young Adolescents (described by my colleague Renee Wilson-Brewer). At this conference I presented a summary of the basic and applied research with Dr. Nancy Guerra on the effects of our violence prevention program with adolescence violence offenders (Slaby & Guerra, 1988; Guerra & Slaby, 1990). Two summary reports were produced from this conference (Wilson-Brewer, et al, 1991; Cohen, et al., 1991).

(2) I also participated in the CDC's Forum on Violence in Minority Communities and contributed to the paper on interventions in early childhood. A report of the proceedings and papers of this conference have been published (Public Health Reports, 1991).

(3) I am currently a member of the American Psychological Association's Commission on Violence and Youth (which will be described by my colleague, Dr. Leonard Eron who chairs this Commission). In November of 1991, our Commission gathered and summarized invited testimony from individuals representing a broad spectrum of experience in dealing with the problems of youth violence and their potential solutions. These summary statements are available from the American Psychological Association (APA, 1992).

(4) I have just completed teaching a new course at Harvard University's Graduate School of Education, entitled Preventing Violence in America. Since this is one of the few courses in this country offered on this topic, I have made the syllabus for available (Slaby, 1992).

(5) I recently served on a national panel on the Prevention of Violence and Injuries Due to Violence, organized by the CDC to develop a national agenda for violence prevention. I was the principal author of the background paper on interpersonal violence for the forthcoming report. Within the next several months the executive summary of this report (which your committee has in draft form) will be published in the Journal of Safety Research and in the Morbidity and Mortality Weekly Report (Earls, Slaby, Spirito, et al., 1992a & b). The full report will soon be published by the Centers for Disease Control under the title: Position Papers From the 2nd National Injury Control Conference (CDC, 1992). It is from our deliberations in this panel that I will draw most heavily.

Our panel was created with the objective of taking a first step in developing a comprehensive national agenda that would help shape the future of violence prevention research, programs, and policies for this decade. Ours was one of seven panels, each focussing on a different aspects of injury control.The initiative for developing a comprehensive plan for injury control came from the National Center for Environmental Health and Injury Control (NCEHIC) and the National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control (CDC).

To form these panels, input was obtained from more than 150 experts from many sectors, including federal state, and local government, academic institutions, industry and labor, and a wide range of national organizations. Our panel on violence prevention was chaired by Dr. Felton Earls, and represented a broad spectrum of disciplines and areas of expertise in interpersonal violence and suicide (or self-directed violence). Early drafts of our position papers were reviewed and revised based on written comments from more than 100 external reviewers. Following these revisions, a draft of our position papers was presented at the Third National Injury Control Conference held in April, 1991 in Denver, and further revisions were made based on the written and oral comments of conference participants. Thus, the final document represents contributions from many individuals, representing many sectors of our society.

With the brief time that I have, I would like to highlight some key points.

## The Problem of Violence in America

The impact of violence on the health and well being of Americans is staggering, and the need to address this problem systematically and effectively has never been greater. Homicide is the 12th leading cause of death, accounting for over 25,000 deaths last year. The homicide rate in America is not only the highest among industrialized countries, it is many times higher than that of other industrialized country. In America, death and injury due to violence is a particularly high for youth and for African Americans and other minorities. Females are at particularly high risk of nonfatal injuries from, child sexual abuse, rape, and assaults by husbands, ex-husbands, and other intimate partners. Infants and children are at particularly high risk for both fatal and nonfatal injuries due to violence in the form of child abuse.

According to calculations made from a recent FBI report (unpublished FBI Uniform Crime Reporting data, 1989) as an individual growing up in America, one's lifetime odds of dying by interpersonal violence (rather than by such causes as heart disease, cancer, AIDS, motor vehicle injury, or suicide; and excluding violent death in war or in the duty of law enforcement) is as follows:

- 1 in 496 white females in America will die of interpersonal violence
- 1 in 205 white males in America will die of interpersonal violence
- 1 in 117 black females in America will die of interpersonal violence
- 1 in 27 black males in America will die of interpersonal violence.

## Recommendations for the Reduction and Prevention of Violence in America

Our panel's broad and diverse set of recommendations for high priority violence prevention focused on factors that are most amenable to preventive efforts. The recommendations were designed to apply to the prevention of both interpersonal violence and self-directed violence, such as suicide; thus, implementation of these recommendations promises to make an impact on both of these sources of death and injury. The recommendations are organized around a single major area and three special areas of emphasis.

(1) The major area of emphasis is the need to build an infrastructure to support coherent and coordinated efforts to prevent violence. Recommendations for building a broader and more comprehensive infrastructure by which to prevent violence include:
(a) improving the recognition, referral, and treatment of people at high risk
(b) empowering communities to address the problem effectively
(c) broadening the training at all levels for violence prevention
(d) improving our surveillance of the problem
(e) advancing the further development and rigorous evaluation of promising programs

(2) One special area of emphasis is the need to reduce firearm violence. Changes in this area were considered to be highly likely to produce immediate reduction in mortality from violence. The recommendations designed to reduce firearm-related violence include:
(a) promoting educational and behavioral change regarding the removal , limiting of youth access, and safe storage of firearms in the home
(b) creating technological and environmental change regarding the implementation of specific design and performance standards for both domestic and imported firearms
(c) developing new legislative and regulatory efforts designed to eliminate the manufacture, importation, and sale of handguns (except in special circumstances) and to limit access to firearms through national waiting periods, criminal record background checks, restrictive licensing for handgun owners, and excise taxes on firearms and ammunition to cover the public cost of firearm injuries
(d) enhancing the enforcement of existing legislation and regulatory efforts
(e) increasing research to clarify further the risks and benefits of violence associated with access to firearms and to alternative means of providing security

(3) A second special area of emphasis is the need to reduce violence associated with alcohol and other drugs (AOD). The recommendations designed to reduce drug-related violence include:
(a) decreasing the chronic use of alcohol and other drugs, particularly by persons at high risk of violent behavior, through proper identification and treatment
(b) decreasing the initiation and experimental use of alcohol and other drugs, particularly by youth and others at high risk of violent behavior
(c) changing the environment associated with the sale and trafficking of alcohol and other drugs that contributes to violence
(d) conducting research to clarify further the mechanisms underlying the observed association between alcohol and other drugs and violence

(4) A third special area of emphasis is the need to foster childhood experiences associated with the prevention of violence, as well as to reduce both immediate and long-term risks of perpetrating violence, witnessing violence, becoming a victim, or becoming a bystanders who supports violence through instigation, active encouragement, or passive acceptance. Recommendations designed to target violence prevention efforts toward children include:
(a) reducing the incidence of child abuse and providing proper treatment to victims through preventive intervention, identification, and treatment
(b) developing and rigorously evaluating intervention programs for children, families, and communities designed to foster the skills, values, behaviors needed to prevent violence and to resolve social problems effectively and nonviolently
(c) developing timely crisis intervention for families at risk for violence
(d) conducting research to assess both the short-term and long-term effectiveness of childhood interventions to prevent violence
(e) generating media experiences for children, youth, and adults to educate and foster the skills, values, and behaviors needed to prevent violence.

I would like to expand on this last recommendation. Research evidence indicates that whereas the media, and particularly television and film, have for decades contributed to the problem of youth violence in America, the media clearly has the potential and the responsibility to become part of the solution. The Children's Television Act of 1990 (H.R. 1677) now requires broadcasters to serve the "educational and informational needs of children" through programming and through nonbroadcast efforts that "enhance the educational and informational value of such programming." Congress has also specifically called upon broadcasters to take steps to solve the violence problem. Thus, we have recommended that the Federal Communications Commission review, as a condition for license renewal, the efforts and accomplishments of television stations in helping to serve the specific educational and informational needs of children regarding violence and how to prevent it.

## Concluding Remarks

I believe it is of the utmost importance for the federal government to play a leadership role in building a coherent infrastructure and addressing the areas of special emphasis to prevent violence in America. The problem of violence is an interdisciplinary one whose solution requires the coordination of efforts by behavioral scientists, public health, medical science, education, and communication. It also requires coordination among different agencies and programs, as well as between federal, state, and local efforts. Without federal leadership in building a coherent infrastructure and in coordinating state and local efforts to deal with violence prevention, the problem of violence in America will continue to be dealt with inconsistently, and in a reactive rather than a preventive manner.

While our panel developed this broad agenda for the prevention of violence, we also realize that specific issues and opportunities were inevitably overlooked or underemphasized. Thus, we encourage others to consider this plan to be a starting point for further efforts to prevent violence in America.

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## YOUTH VIOLENCE: WHAT'S BEING DONE

Testimony to U.S. Senate Committee on Governmental Affairs
John Glenn, Chairman
March 31, 1992

Renée Wilson-Brewer
Education Development Center, Inc.
Newton, Massachusetts

## INTRODUCTION

There is little doubt that, when all the numbers are in, 1991 will be the deadliest year in U.S. history. In 1990, homicides reached a record rate of more than 23,000. In 1991, the number is at least 25,000, with new records set across the nation.

So, it is little wonder that in many people's estimation, violence is rampant in the United States--especially in the nation's urban areas, especially among the young, and most especially among African Americans. Even those who neither live nor work anywhere near an inner city need only pick up a newsmagazine to read such fear-inducing headlines as "Kids Who Kill," "A Murder Rap at Age 10," "Another Bloody Year," or "The Deadliest Year Yet."

But violence is not a problem that exists only in the inner cities. Although large urban areas have some of the highest rates, violence knows no geography. What is undeniable, however, is that the segment of the population that is most likely to be victimized, most likely to commit a violent crime, and most likely to be arrested are youths. After their early twenties, these same young people are most likely to be imprisoned for committing a crime. And the statistics on homicide, clearly the most permanent violence outcome, serve only as verification of a pattern of violence that is ending young lives and putting the limitless potential of other youth--and the communities in which they live--in increasing jeopardy.

In many of the communities beset by the problems of youth violence, the enthusiasm for starting community-based initiatives is often high. This has resulted in a recent proliferation of violence prevention and intervention programs and materials. Often, however, programs have been disseminated widely without any proof of their effectiveness. Little evidence exists that many of them accomplish their goals, because little attention and few resources have been devoted to their evaluation.

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In February 1990 the Carnegie Corporation of New York funded Education Development Center for an eight-month period to conduct a review of the state of the art of violence prevention for young adolescents -- those between the ages of 10 and 15. During that time we:

1. identified 83 violence prevention programs;
2. collected data on each, including goals, target populations, major activities, and evaluation methodologies and outcomes;
3. developed a background paper that described these programs, summarized evaluation findings, critiqued methodologies, and addressed such issues as barriers to effective program design, implementation, and evaluation; and then
4. convened an interdisciplinary group of violence prevention practitioners, violence and aggression researchers, program evaluators, and government representatives to discuss lessons learned and to collaborate in setting priorities for programs of service and research.

Carnegie's ultimate goal was to identify rigorously evaluated programs that could be used as models for replication.

In that same year we also developed a series of six background papers for the Centers for Disease Control, in preparation for its conference entitled "Forum on Youth Violence in Minority Communities: Setting the Agenda for Prevention." Co-sponsored by the Minority Health Professions Foundation and Morehouse School of Medicine, the conference was designed to summarize what is known about the effectiveness of current violence prevention strategies so that information could be immediately applied in minority communities, priorities for the evaluation of violence prevention programs could be set, and future research could be appropriately targeted. During this project, we identified more than 100 types of interventions that were being employed across the United States.

The papers, ranging in length from 20 to 40 pages, address:

Violence Prevention Strategies Targeted at the General Population of Minority Youth
Violence Prevention Strategies Targeted toward High-Risk Minority Youth
The Evaluation of Community-Based Violence Prevention Programs
Community Approaches to Violence Prevention
Weapons and Minority Youth Violence
Interventions in Early Childhood

Clearly, there is not time to discuss here all of the programs we examined. And for that reason I have submitted to the committee a brief report that describes in some detail what we found.

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However, I would like to give the committee a sense of the types of interventions we uncovered, and then make some brief comments on our major findings and recommendations.

Before I do that, though, I would like to mention that we differentiated between violence prevention interventions and violence prevention programs. While **interventions** are meant to refer to specific, targeted activities for preventing violence which can either stand alone or comprise part of a program, violence prevention **programs** are meant to refer to multi-faceted prevention efforts. The importance of looking at interventions rather than programs cannot be overemphasized, especially when talking about evaluation. It is obvious that one intervention strategy alone is not likely to be effective in preventing or reducing violence. It is a combination of interventions that are likely to achieve this goal. However, by looking at each type of intervention, each specific, targeted activity, and examining its components and its effectiveness, we are better able to determine which combination of intervention strategies holds the most promise.

Because of time limitations, I'll discuss only the primary and secondary prevention strategies we examined, although we also examined targeted intervention efforts for youth who are already involved in violent activities or are practicing behaviors that put them at high risk for violence.

However, I would recommend to you the committee the Center for Disease Control's soon-to-be released publication entitled *Guidelines for the Prevention of Youth Violence: A Community Approach*..

We placed the primary prevention efforts we examined in the four major categories of: (1) educational, (2) recreational, (3) environmental/technological, and (4) legal.

Under educational interventions, we looked at conflict resolution and mediation, crime prevention and law-related education, handgun violence education, life skills training, public education, and self-esteem development. In terms of public education, we looked at public service announcements, teleconferences, educational videos, talk shows, and media education that is designed to change the way anger and conflict are resolved dramatically by educating television scriptwriters and producers about the negatives effects of television violence. Within the category of self-esteem development, we focused on recent attempts to change the bleak picture of academic failure, dropping out, and high rates of school suspension and expulsion among African American males. Considered radical ideas by some, they include the creation of separate classrooms or schools for African American male students that are taught by African American male teachers; mentoring programs–both in school and community based–for African American boys; manhood development programs; and other mostly male-centered initiatives with an Afrocentric focus.

The theory behind these interventions is that the self-esteem and ethnic pride of young African American males can be increased if they are exposed to positive African American adult males acting as teachers, roles models, and mentors. The inclusion of Afrocentric education in many of these interventions is designed to instill in youth a sense of cultural identity and pride that has not been gained in the traditional classroom setting, and African culture is infused into lessons ranging from social studies to mathematics.

We included recreational interventions in our examination of violence prevention because we believe that physical activity provides an excellent outlet for pent-up tension, stress, and anger. The contention that sports can serve as an effective antidote to delinquency has been made throughout the nineteenth and twentieth centuries by educators, sociologists, psychologists, and penologists, among others. Although recreational activities have not been viewed as a major intervention for the prevention of violence, as with media, they have become a component of some multi-component programs. We found that hundreds of such recreational interventions are employed in communities across the country and are operated by the Police Athletic League (PAL), Boys and Girls Clubs, Girls Scouts, Boy Scouts, YMCAs and YWCAs, and community centers. Some of them actually operate violence prevention programs; many others could.

Technological and environmental violence prevention strategies often foster heated political discussion. Because they are not dependent upon the volition of individuals, they are often seen as excessive or as an infringement on personal freedoms. The interventions that we examined included:

- metal detectors – and we looked at New York City's four-year-old metal detector program
- concrete barriers, which have been used in combination with off-limits signs and foot patrols to restrict traffic in a community in an effort to reduce drug trafficking and gang warfare
- avoiding the use of suspended ceilings, particularly in the design of classrooms, because they can be used to hide weapons and drugs

- I.D. cards or other forms of student identification to restrict the entry of outsiders from school grounds
- closed-circuit television, which can be used not only to protect school property, but also to observe activities in selected areas
- landscaping strategies, such as minimizing "blind spots" by planting low shrubbery and reducing the number of hiding places by using prickly plantings next to walks and buildings
- nighttime total darkness policies, which means that all interior and exterior lights are turned off when buildings are not in use or increased lighting policies
- safe corridor programs, which involves identifying safe routes between school and home and providing assistance to students and school staff in making the trip safely
- dress codes, which ban certain types of clothing and jewelry, sometimes require uniforms, and are usually backed up with penalties such as suspension or expulsion

In terms of legal interventions, youth curfews, the policing of school campuses, and enacting strong gun control laws were the major interventions examined.

## CONCLUSIONS

After reviewing all of these prevention strategies, several things became clear. The first is that in many cases, evaluation is sorely lacking. Clearly, when the need to respond to a problem is greatest, careful evaluation of efforts to produce change is most important. Without evaluation, it is likely that ineffective interventions will be replicated, perhaps widely, based on an *appearance* of success. We examined one program that had absolutely no evaluation data but had been replicated in other communities with more than 1,000 youth. The result of such situations is that the impetus and resources that should be devoted to designing and evaluating better interventions are then reduced.

In our Carnegie-funded review of violence prevention programs we found that almost all of the programs surveyed collect some kind of data. However, what programs collect most often is numbers -- number of people served, number of teachers trained, number of curricula sold. Although staff at the majority of programs surveyed indicated that some kind of evaluation activities were ongoing, process evaluation and program monitoring were most prevalent and outcome or impact evaluation was relatively rare. Ideally, evaluations should be designed prior to program implementation. However, for the most part, the evaluation components of programs surveyed were either an afterthought or dispensed with entirely because of lack of suitable staff and funds. Almost none of the programs looked at outcomes or conducted follow-up with youth after their participation in the program had ended. With such limited data, it is impossible to determine with certainty which programs have been effective in preventing or reducing violence.

So, no one intervention is *the* solution. I don't think that comes as a surprise to any of you. However, many of interventions are part of new and yet untested programs. And we must also acknowledge that the effectiveness of some interventions may never be determined.

For example, some programs use a range of intervention strategies to help youth develop the skills that will enable them to resolve the conflicts in their lives without violence. Because the target population for many of these programs is not one that, for the most part, is currently engaged in violent behavior, it is extremely difficult to determine whether the program has been effective.

A program evaluation may look at survey data and school suspensions to determine the effects of an intervention on adolescent knowledge, attitudes, and behavior. However, it may take a longer time and greater stimulus for change to be apparent. Observations by providers indicate that young people do change the way they think about fighting -- and sometimes their behavior -- after being involved in some form of violence prevention education. But often it is not possible to document this quantitatively. This suggests that evaluations might be better designed if they focus on providers in the short term, and youth over a longer time period.

The role of those delivering violence prevention education — be they teachers, counselors, health care providers, community-based program staff or street workers — is often ignored when behavioral change is measured. Providers are extremely important. They are the first "line of defense" in violence prevention. If you view the providers as the people who are actually going to be effecting change in young people, then we really should know how successful we are in changing those change agents. A focus on the providers and how effective the project was in affecting their knowledge and attitudes as well as their behavior toward violence prevention would give us at least some measure of how far along the process the project was in achieving violence prevention among youth. According to one program evaluator we talked with, such information could serve as a proxy measure of how effective a program could be in the long term.

As a result of the Carnegie review, the following recommendations were made for products and activities that would move the field forward:

**Products**

1. handbook on violence prevention evaluation developed as a collaborative effort of evaluators and practitioners.
2. catalog of culturally sensitive measures that can be used in conducting formative and outcome evaluations.

**Activities**

1. annual meeting of violence prevention practitioners to improve communication and problem solving
2. summer institute in program development and evaluation for violence prevention practitioners, to develop and enhance skills
3. interdisciplinary research centers to focus on the evaluation of violence prevention programs
4. outreach and recruitment of minority students and faculty and the provision of scholarships to encourage study in the field of violence, especially in the areas of research and evaluation
5. rigorous evaluations of model programs already underway

There are many who feel that we must wait for definitive longitudinal research findings before we can intervene effectively. Given the existing evaluations of violence prevention programs, it would be premature to come to closure about what does and does not work. However, we can do better than we are doing now by applying the knowledge, evidence, and experience that currently exists to improve the quality of programming to reduce violence among adolescents. But that knowledge-sharing must be encouraged; in fact, it must be required. There must be opportunities for and support of such efforts in very structured ways.

## WHERE THE FIELD IS HEADING, CRITICAL ISSUES

And finally, before I close, I'd like to touch briefly where the field seems to be heading and critical issues.

Very briefly, there is continually increasing acknowledgment of violence as a major public health issue due to the enormous toll it takes in terms of both morbidity and mortality. Federal agencies such as the Office of Minority Health, the Centers for Disease Control, the Maternal and Child Health Bureau, and the National Institute of Mental Health have begun to devote additional attention and some funds to this area, as have grant-making foundations. The Carnegie Corporation has recently funded a three-program violence prevention initiative that will build a network of violence prevention practitioners and collaborations among practitioners, evaluators, and researchers, a center for the study of of violence, and a media education center.

In addition, there has been increased examination of the issue by a variety of organizations. For example, the American Medical Association has launched a Physicians Campaign Against Family Violence and is devoting an issue of all ten of its specialty journals to violence in 1992. The American Psychological Association has created a Commission on Violence and Youth, and the National Research Council's Panel on the Understanding and Control of Violent Behavior is preparing a report on violence prevention program evaluations. And there are a great many state, local, and community-based organizations continuing to address this issue with increased understanding.

In terms of critical issues, the following are ones I think deserve consideration.

**Evaluation**

I think I have said enough about the need for evaluation. I will add only that our review found that although program staff realize the importance of evaluation, insufficient funds--or no funding--to conduct evaluation has stopped many. Funders often support only direct service activities. However, many of those same funders, when faced with requests for renewed funding have asked programs to provide proof of effectiveness. In this way, many programs have been ill-served by those who are their prime supporters. Also, some programs are unsure of how to go about conducting an evaluation or seeking help to conduct it. Still another reason is fear of loss of funding -- that a program's future will be judged on the basis of an evaluation that does not accurately present the merits of their intervention strategies.

**Need for Additional Data**

We need more surveillance data, more quantitative data about the magnitude of the problem. Also,the quantification of rates of violence and homicide among the Hispanic/Latino population is difficult because of the lack of availability of precise data. Several problems exist: sources do not identify Hispanics/Latinos; the term "Hispanic" or "Latino" does not reflect the diversity of ethnic and cultural origins within the category. A related concern is the unavailability of reliable local (rather than national) data that would assist in targeting efforts in urban communities.

The role of alcohol in violence is far better documented than is that of other drugs. Additional raw data are needed as is further research on the role of drugs and the impact of alcohol on intentional injuries.

### Lack of Attention to Females

Because African American males are most at-risk for violence, injury, and death, there has been little theory, research, or practice focused on females. For instance, African American females are overrepresented among all females in the criminal justice system; they constitute approximately 74 percent of the female arrests for murder. And arrest data shows that Black female homicide offenders rank second--after African American males--in the incidence of homicide.

The unstated policy has been to wait until a problem reaches almost epidemic proportions before addressing it. This population of adolescent females should receive more attention, with the the goal of program development being the next step.

### Additional Minority Teachers

Here, the focus is really additional African American teachers. The current trend toward Afrocentric education mentioned earlier as well as the teaching of African American male students by African American teachers, primarily male, should be closely examined. Such strategies are increasingly being called for, planned, or implemented. However, if this intervention strategy proves effective, it can't be employed on a large-scale basis unless there is an increase in the number of African American teachers.

According to the recent report of the Quality Education for Minorities Project, by 1985 only 8 percent of the teaching force in public schools was African American and most experts expect that figure to fall below 5 percent in the next decade.

### Comprehensive, Multidisciplinary Approach

And finally, a fundamental need in the field of violence prevention is for collaboration at all levels. Public health professionals are newcomers to a field that has long involved experts in criminal justice, social work, and mental health. Concerted efforts to break down institutional and professional barriers, to adapt tools and practices from other disciplines, and to develop a shared vision must be a priority.

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Violence among the at-risk minority youth population is a complex problem that is rooted in many problems and conditions in our society. Until we devise comprehensive solutions that acknowledge this, even our best efforts will have minimal effect. The government has a vital leadership role to play in this life-or-death issue. Efforts must be supported at a higher level, and for a much longer period of time. Collaboration must be required, not just encouraged. And the lessons learned must be shared, so that the same costly mistakes are not made again.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

Centers for Disease Control
Atlanta GA 30333

Testimony by

Chukwudi Onwuachi-Saunders, M.D., M.P.H.
Medical Epidemiologist
National Center for Environmental Health and Injury Control
Centers for Disease Control
Public Health Service
U.S. Department of Health and Human Services

on

# The Epidemiology of Violence

Before the

Committee on Governmental Affairs
United States Senate

March 31, 1992

Good morning, Mr. Chairman and members of the Committee. I am Chukwudi Onwuachi-Saunders, a medical epidemiologist at the National Center for Environmental Health and Injury Control, Centers for Disease Control. I am pleased to testify before this Committee on an issue critical to the health of all Americans--the epidemiology of violence.

In my testimony today I will make two main points. First, injury is a major public health problem in the United States. Second, intentional injury, or violence, has grown to epidemic proportions and is affecting all communities, in all parts of society.

Injury is commonly divided into two categories: those considered to be intentional, for example, homicide and suicide, and those considered to be unintentional, for example, motor vehicle crashes, falls, poisoning, burns and drowning.

Injuries as a whole account for the third leading cause of death in the United States, behind heart disease and cancer. Each year over 150,000 Americans die from injuries.

Injuries are also the leading cause of years of potential life lost or premature death before the age of 65. Injuries account for more years of potential life lost than malignant neoplasms or cancer, diseases of the heart, congenital anomalies and HIV infection combined. Injuries disproportionately affect the young and are the single greatest killer of Americans between the ages of 1 and 44.

Injuries directly or indirectly touch most of us each year.

- One in four Americans will be injured annually.
- One in ten hospital admissions is the result of an injury.
- One in every six hospital days will be due to an injury.
- One in three health care visits will be as a result of an injury.

The cost of injuries is high. In 1988, the lifetime cost of injuries was estimated to be 180 billion dollars, including over $24 billion in federal outlays. Yet, despite the magnitude of the injury problem, we have not invested much of our nation's research and prevention resources in injury control and it has received little attention in the past. We have long thought that injuries caused by motor vehicle crashes, falls, house fires, and violent assaults are "accidents", random, uncontrollable acts of fate. But injuries are predictable and largely preventable.

Violence is a common term for Intentional Injuries. Violence includes, but is not limited to, homicide--an example of interpersonal violence, and suicide--an example of self-directed violence. In 1990 over 25,000 persons died as a result of homicide in the U.S. Homicide rates are used as one indicator of the level of violence in a community. However, each year over 2.2 million people suffer nonfatal injuries from violence and abusive behavior.

The remainder of my testimony will focus almost exclusively on homicide. Homicide is the most severe outcome of interpersonal violence. Data about homicides are more readily available than data about nonfatal intentional injuries.

Injury research has shown that injuries have a disproportionate impact on minorities in this country--particularly African-Americans, Hispanics, and Native Americans. Injury death rates for African-American males are high not only for homicides, but also for other injuries--such as residential fires, and pedestrian mishaps.

Data from five southwestern states from 1977 to 1982 indicate that homicides are also a problem for Hispanics, especially the Hispanic males. Unfortunately because of the manner in which data are collected, (by race instead of by ethnicity), there is little available information on the national level regarding ethnic variations in homicides.

When we look at homicides by sex of victims and offenders, it is clear that homicide has a greater impact on men as compared to women. In more than 50 percent of the homicides in 1988, males killed males.

Epidemiologists have also looked at the intra-racial aspect of homicide. Only 9 percent of the homicides that occurred in 1988 were inter-racial. The majority were intra-racial which means African-Americans killed African-Americans, whites killed whites and hispanics killed hispanics.

Most homicides occur among people who know each other. People who are unfamiliar with the data are surprised that the majority of homicides occur between family members or acquaintances. If we were to add the acquaintance and the family categories together, more than 50 percent of homicide victims knew their offenders. Among all female murder victims in 1990, 30 percent were killed by their husbands or boyfriends. In contrast, only 4 percent of male victims were killed by wives or girlfriends. Women are also victimized by rape, robbery and assault. Every year at least 626,000 women are victimized by family members or someone else with whom they are intimate.

Under what circumstances are homicides occurring? A large proportion occur as the result of conflict or arguments.

Almost all of the recent increase in homicide among young African-American males is accounted for by the increase in firearm homicide. Most people are not surprised that firearms account for many of the homicides, but they are often surprised that the proportion is so high. From 1980-1988, 76.9 percent of all homicides were committed with a firearm.

If we consider weapon use by race, we again find no obvious differences between African-Americans and Whites. The patterns are the same. Now after saying all of this, why is there such a focus on African-American males?

In 1987, homicides accounted for 42 percent of all deaths to African-American males 15-24 years old. For young African-American females 26 percent of all their deaths--1 of every 4 was caused by a homicide. Homicide is the leading cause of death for both young African-American males and females 15-34 years.

The probability of lifetime murder victimization for African-American males is 1 out of 27 compared to 1 out of 205 for their white male counterparts. The African-American female also has an increased risk of homicide that is four times that for the white female.

We know that homicides don't occur just in minority communities. Homicide occurs among all racial and ethnic groups, among persons of all ages and among males and females. Homicide is not a "minority" problem, it is an American problem.

Homicide has a disproportionate effect on young adults in this country. Among Americans 15-34 years of age, homicide is the second leading cause of death, exceeded only by unintentional injuries.

U.S. homicide rates are unprecedented among industrialized nations throughout the world. The U.S. homicide rate for males 15-24 years of age is 17-283 times greater than rates for 17 other comparable industrialized nations.

In the last decade, homicide rates have risen dramatically for young African-American males 15-24 years and the problem is getting worse. These rates increased by 54 percent since 1985. In fact in 1990, the total number of homicides in the U.S. was higher than ever before.

It is important to mention that suicide, or self-directed violence, is an integral part of violence in our society.

Firearms are also the number one method used in suicide for both males and females. These are also tragic and preventable deaths.

Let me summarize some points that should help to focus our efforts to prevent violence. First, we must remember that homicide and suicide are only the fatal outcome of violence and, therefore, represent only the tip of a very large iceberg of intentional injury. We should not ignore nonfatal assaults or suicide attempts. The deaths represent only a small proportion, many more people are hospitalized, bedridden or suffer some sort of restricted activity as a result of violence.

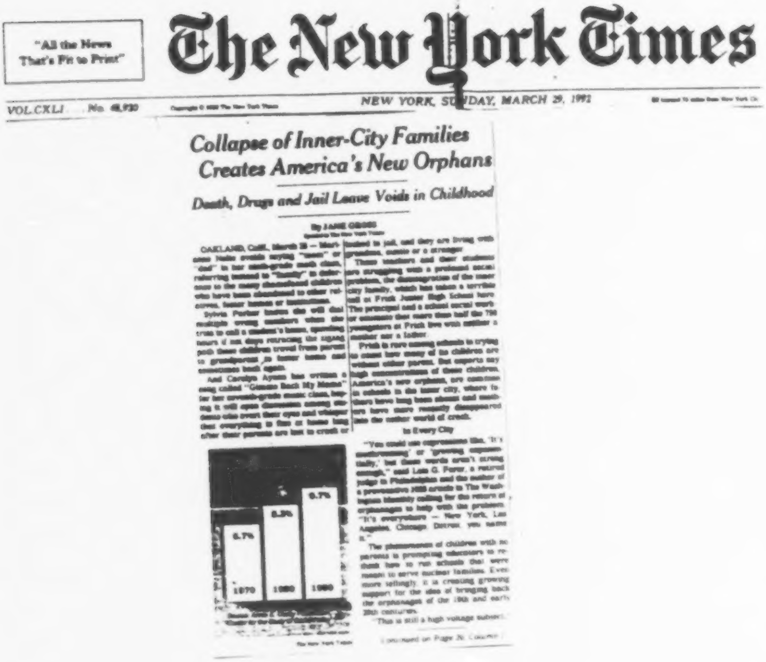
Second, although young African-American males are at greatest risk, young African-American females are also at great risk. The impact of violence is felt throughout the whole African-American community as well as throughout other communities. Therefore, it is important that we consider the entire community since no race or ethnic group in this country is immune to the adverse health impact of violence.

Third, we need to address the role of firearms as they relate to violence. Firearms are the number one method used for homicide and suicide in both males and females. The information presented to you this morning demands that we improve our efforts to understand their role in violence-related behavior.

In conclusion, violence in this county is destroying the fabric of the American dream. We expect our citizens to grow healthy and prosper. Yet, each day in America approximately 140 men, women, and children lose their lives to acts of violence. Many of these deaths are preventable! America provides leadership in resolving life threatening global conflicts, yet the battleground for the prevention of these premature deaths is on the home-front. We can work together to provide reasonable alternatives to violence, and give people and communities a sense of hope for the future.

We all know there will be no quick fixes or easy solutions. Often solutions to a problem can be aided by a change in the way we view a problem. For progress to continue on this issue, we must change the way we view this problem. I believe, as a mother and a physician, that violence is not only a criminal justice problem, but also a major public health problem.

Thank you.



"All the News
That's Fit to Print"

# The New York Times

VOL. CXLI . . . No. 48,930 NEW YORK, SUNDAY, MARCH 29, 1992

## Collapse of Inner-City Families Creates America's New Orphans

### Death, Drugs and Jail Leave Voids in Childhood

6.7%
8.5%
9.7%
1970
1980
1990

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# Orphans Multiply as Inner-City Families Crumble

Continued From Page 1

said Senator Daniel Patrick Moynihan, a New York Democrat, who in 1965 wrote a paper forecasting the explosion of zero-parent families. [illegible] are clearly on their way."

[illegible]

Many of the pupils in Sylvia Parker's class in Oakland, Calif., live in homes without either parent present, and others are [illegible]

### Measuring the Problem

[illegible]

Children growing up with little stability and lots of anger.

[illegible]

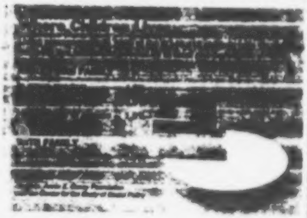
TEACHER: "All [illegible], Charles, I'm going to call your [illegible]."

STUDENT: "Go on ahead. I don't have no mother no way."

[illegible]

### The 'Concentration Effect'

[illegible]



The New York Times

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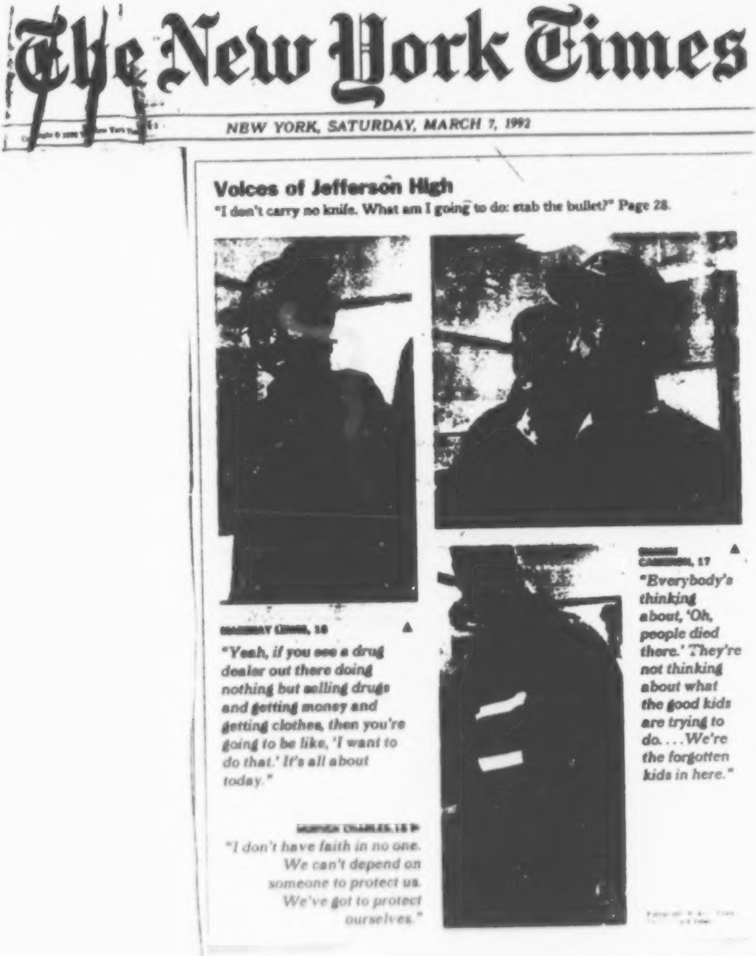

The New York Times

NEW YORK, SATURDAY, MARCH 7, 1992

**Voices of Jefferson High**

"I don't carry no knife. What am I going to do: stab the bullet?" Page 28.

**[illegible], 16** ▲

*"Yeah, if you see a drug dealer out there doing nothing but selling drugs and getting money and getting clothes, then you're going to be like, 'I want to do that.' It's all about today."*

**[illegible] CHARLES, 15** ▶

*"I don't have faith in no one. We can't depend on someone to protect us. We've got to protect ourselves."*

**[illegible] CAMERON, 17** ▲

*"Everybody's thinking about, 'Oh, people died there.' They're not thinking about what the good kids are trying to do. . . . We're the forgotten kids in here."*

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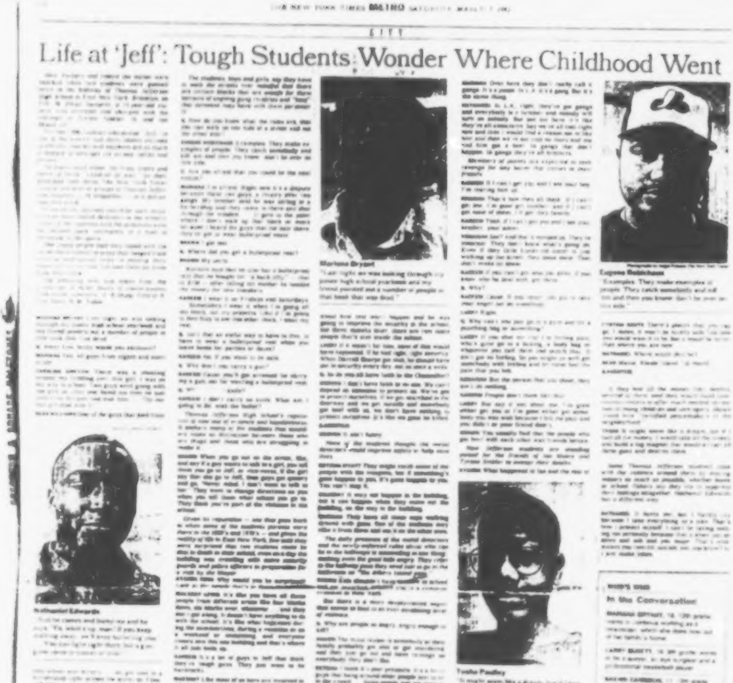

# Life at 'Jeff': Tough Students Wonder Where Childhood Went

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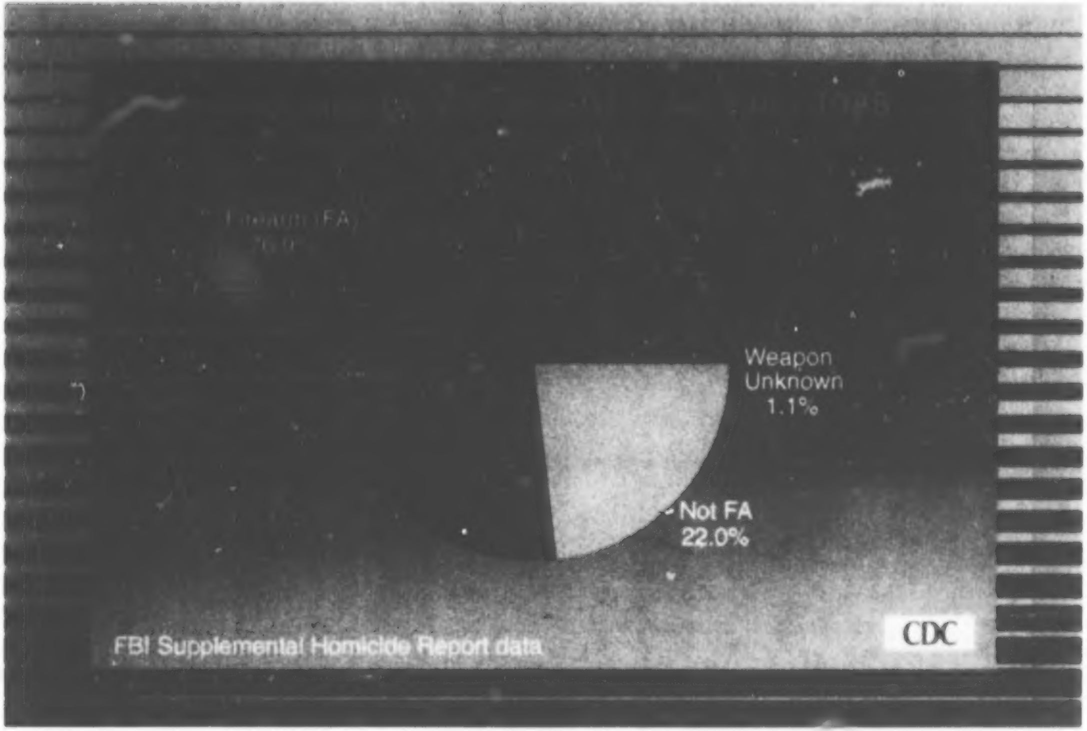
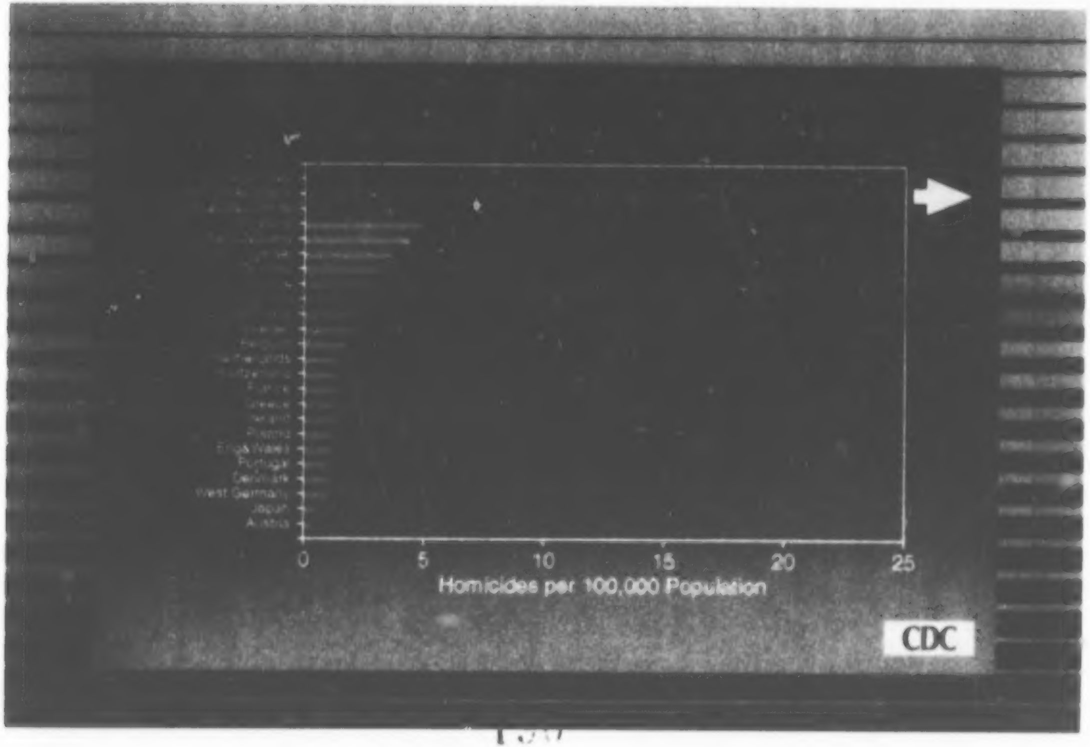


FBI Supplemental Homicide Report data



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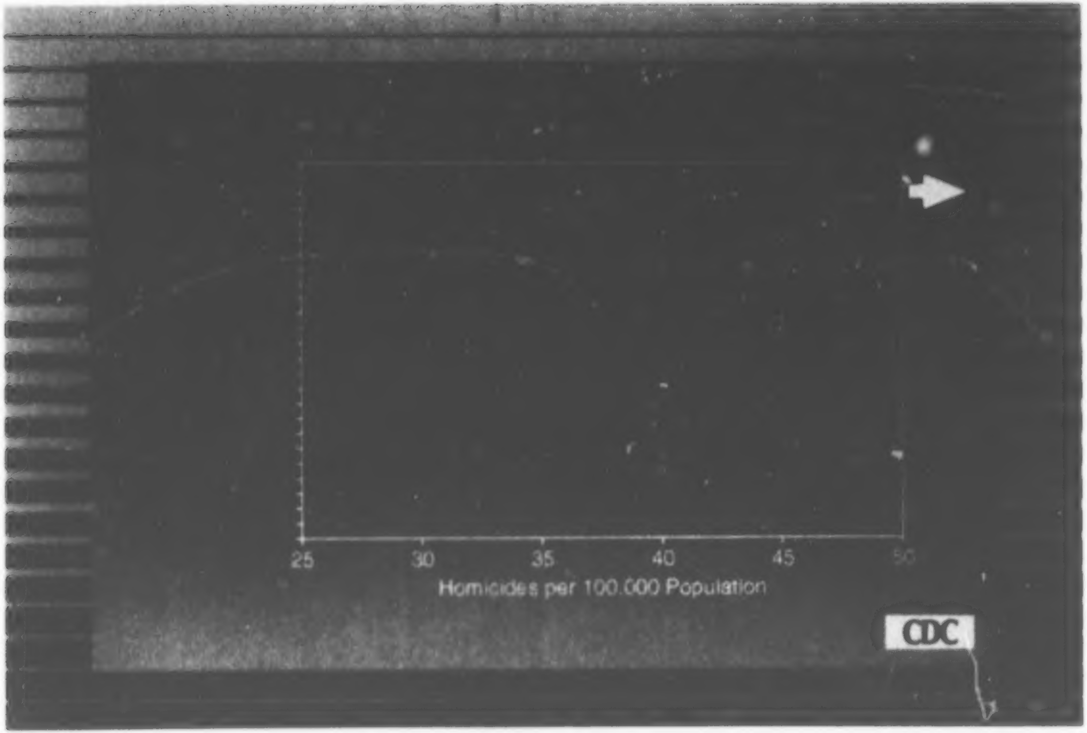

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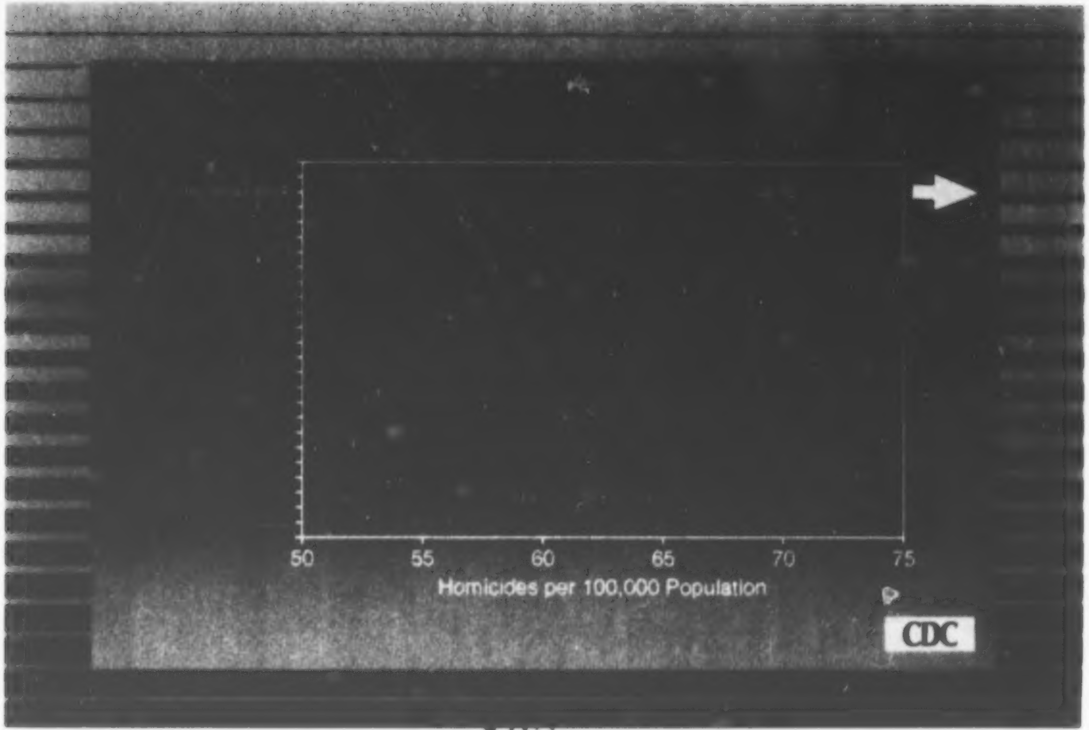

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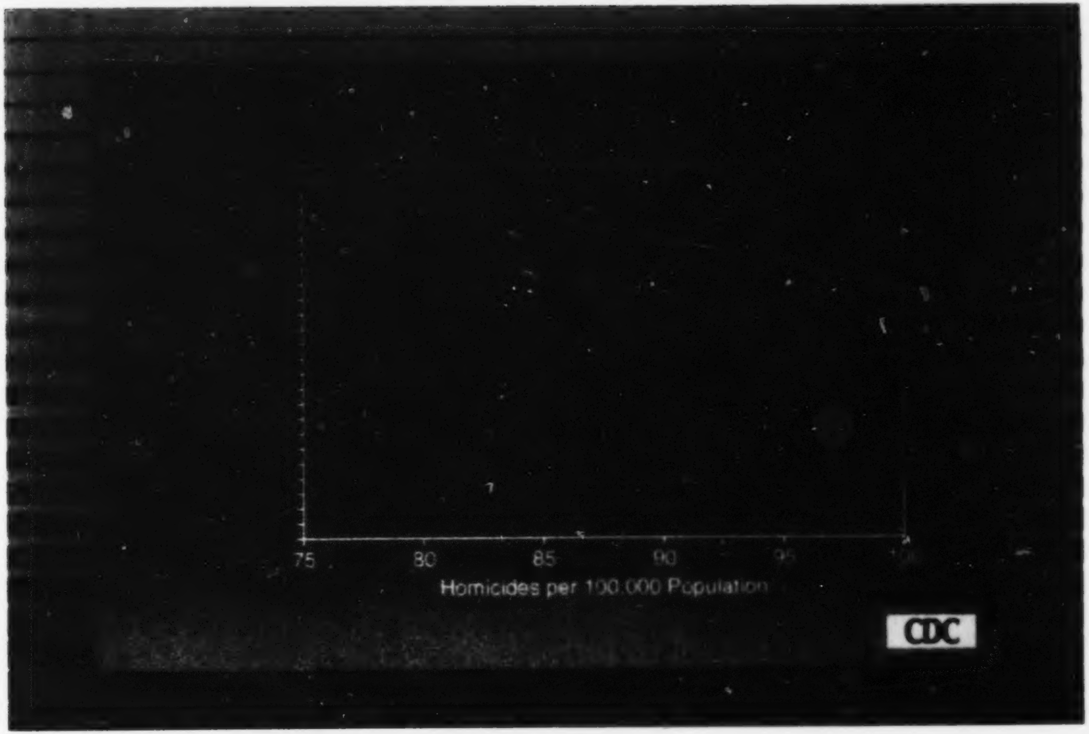

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